

NAME & GENDER CHANGE GUIDE FOR RESIDENTS OF FLORIDA

DISCLAIMER: This guide provides information about the legal and administrative steps associated with changing one's name and gender on identity documents.

Please note that specific steps may have changed since this guide was printed, and every individual may have unique name and gender change needs. This guide is to be used as a resource only and does not constitute legal advice.

INTRODUCTION

This guide provides an outline for residents of the Florida who wish to change their name and/or gender marker on identity documents and other records.

This guide was created for the Florida Chapter of The TransLatina Coalition and Arianna's Center, written and designed by Cooley LLP as a project of the National Center for Transgender Equality, and was created in partnership with Equality Florida and the National Center for Lesbian Rights.



NATIONAL CENTER FOR LESBIAN RIGHTS

Listed below are the most common steps taken for Florida residents to change their name and/or gender marker on identity documents and other records.

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I. CHANGING YOUR NAME IN FLORIDA (IF EIGHTEEN OR OLDER)

This section is designed to walk you through the process of obtaining court documentation of your name change in Florida.

Note: If the name change is for a minor (seventeen years of age or younger), an adult petitioner who is the parent or legal guardian of the minor must prepare and file the name change. In addition to the requirements below, you must have proper and reasonable cause for the requested name change.

STEP 1: Obtain fingerprints and criminal history records check.

You must submit your fingerprints electronically to the Department of Law Enforcement so the Department can submit your fingerprints for a state and national criminal records check. *You will not receive a final hearing on your Petition for Change of Name until the Clerk of Court for your county has received the results of your criminal history records check.*

The process may take several weeks and you will have to pay for the cost of processing the fingerprints and conducting the state and national criminal history records check. The results will be sent directly to the county's Clerk of Court, but you should obtain a copy of the results for your records.

You must use LiveScan Fingerprinting Services. The fingerprinting agency will need the ORI (Originating Agency Identifier) number for your local county's Clerk of Court, which can be obtained by calling your local county's Clerk of Court. A list of LiveScan Service Fingerprinting Vendors can be located at <http://www.flhealthsource.gov/bgs-providers>. You must bring a picture ID with you to the fingerprinting agency. The costs will vary by service provider, but the approximate cost of the electronic fingerprinting will be between \$10 and \$45.

The fingerprinting agency will give you a TCN # and web site address. After the fingerprints are electronically taken, visit the web site address within 24 hours and enter your TCN # and your name as it was given to the fingerprinting agency. You will then pay for the required fee for the criminal background check by credit card. These costs will vary by county, but the approximate cost of the criminal history background check is \$45. After the background check is run, you will be sent a confirmation card that the results were sent to your county's Clerk of Court. You should print out a copy of this confirmation card for your records. After the Clerk of Court receives the results of your criminal background check, your case will be sent to the Clerk of Court for final hearing.

Note: In certain counties, such as Indian River County, the county’s Sherriff’s office is the assigned agency for fingerprinting and criminal history reports. Please contact the number of your county’s Clerk of Court or its local self-help center listed in Appendix B to determine whether fingerprints need to be taken at the Sheriff’s office.

STEP 2: Prepare the Petition for Change of Name.

In Florida, a legal name change requires a court order from the Circuit Court for the county where the person seeking the name change lives. Please note that if you have had your name changed by court order in another state, you do not need a new court order in Florida.

The Florida Supreme Court has established “Self-Help” resources to individuals wishing to change their names without the assistance of a lawyer. The forms discussed below are included at the back of this guide and are also available online, free of charge, at www.flcourts.org/resources-and-services/family-courts/family-law-self-help-information/family-law-forms.shtml#982. The Court has also established local self-help centers, which are listed in Appendix B by county.

Samples of the form are located in the back of this guide in Appendix A. Please note that each county’s Clerk of the Circuit Court sets its own forms, processes and fees, but they are generally similar. You should contact the Clerk of the Circuit Court for your county (see Step 3 below) for more information. Contact information is provided in Appendix B.

Instructions for preparing the Petition for Change of Name (Adult):

1. Complete Form 12.928, Cover Sheet for Family Court Cases. A sample of the form is located at the back of the packet as Appendix A-1, but you should confirm with your county’s Clerk of the Circuit Court the correct cover sheet to use as your county’s form may vary from the sample.
 - a. You will be the Petitioner. There is no Respondent.
 - b. On II, Type of Action/Proceeding, check “Initial Action/Petition.”
 - c. On III, Type of Case, check “(N) Name Change.”
 - d. On IV, Rule of Judicial Administration, check “No” if you have no other cases pending with the court. If you do have another case pending with the court, check “Yes” and complete Form 12.900(h), as described below.

2. Complete Form 12.982(a), Petition for Change of Name (Adult). A sample of the form is located in the back of the packet as Appendix A-2.
 - a. Be sure to complete the petition carefully and truthfully.
 - b. You must use your current full legal name.
 - c. Notarize your signature on the petition.

Note: You can find a notary at almost every branch bank in the U.S.

3. If required, complete Form 12.900(h), Notice of Related Cases. A sample of the form is located in the back of the packet as Appendix A-3.
 - a. If you have another case pending with the court and (i) the case involves you, your children or issues pending when your petition is filed, (ii) affects the court's jurisdiction to proceed, (iii) an order in such case conflicts with an order on the same issues in this petition or (iv) an order in this petition may conflict with an earlier case, you must list the case on this form.
4. Complete Form 12.900(a), Disclosure from Nonlawyer if anyone who is not a lawyer has helped you fill out the forms. A nonlawyer helping you fill out the forms also must put his or her name, address and telephone number on the bottom of the last page of every form that he or she helps you complete. A sample of the form is located in the back of the packet as Appendix A-4.

NOTE: All forms are to be completed in black letters or typed. Any papers filed with the Clerk's office cannot be torn. You should make two copies of each form.

STEP 3: File the "Petition for Change of Name" with the Clerk of the Circuit Court in your county.

After you have completed the Petition for Change of Name, you must file the petition and associated documents with Clerk of the Circuit Court in your county. **Location and contact information for each county's Clerk of the Circuit Court can be found in Appendix B.** For a list of Florida Circuit Courts, see here: <http://www.flcourts.org/florida-courts/locations/court-locations.shtml>.

Generally, you will need to file the following documents with your initial paperwork:

1. Petition for Change of Name (*see Step 2 above*)
2. Final Disposition Form (*each county has a different form so you should obtain this from the Clerk of your county's Circuit Court*)
3. Notice of Limitation of Services Provided (*you may obtain this from the Clerk of your county's Circuit Court, but a sample of the form is located in the back of the packet as Appendix A-5*)
4. Two self-addressed, postage-paid envelopes (*see Step 4 below*)

You should confirm what paperwork is required with the Clerk of the Circuit Court. Some counties may require additional documents to be filed with the Petition for Change of Name.

You may also want to complete an Application for Determination of Civil Indigent Status, which may allow the Clerk to waive various filing fees for qualifying low income individuals unable to pay filing fees. The Application for Determination of Civil Indigent Status is included at the end of this guide and can be downloaded at https://www.flcourts.org/core/fileparse.php/293/urlt/indigent_application.pdf. An applicant is indigent if the applicant's income is equal to or below 200 percent of the then-current federal poverty guidelines prescribed for the size of the household of the applicant by the United States Department of Health and Human Services. The Clerk determines whether an applicant is indigent and may have his or her filing fees waived based on the information in the Application for Determination of Civil Indigent Status.

Once a case has been filed, the Clerk will assign a case number and an official court file is opened. **A filing fee is usually required. The current filing fees are listed in Appendix B, but you should confirm the amount of this fee and how this fee must be paid (i.e. whether via check, credit card, cash or other acceptable methods) with the Clerk.**

****When you leave the court you should have at least two copies of all filed forms.****

Note: You may file your Petition of Change of Name prior to receiving the results of your criminal background check, but you will not receive a final hearing date until the Clerk of Courts receives the results of the background check. If you bring your confirmation card (*See Step 1 above*) when you file your Petition of Change of Name, the Clerk of Court may be able to assign you a hearing date at the time of filing.

STEP 4: After filing the Petition of Change of Name and receiving fingerprint/criminal records search results, the county's Circuit Court will assign your case to a judge and set a hearing date for the case.

The process for receiving a final hearing date varies by county. You should ask your local county's Clerk of Court, family law intake staff, or judicial assistant about the local procedure for setting a hearing using the contact information provided in Appendix B. In some courts, the Circuit Court will send you a Notice of Uncontested Final Hearing, which will include the date of your final hearing via one of the self-addressed stamped envelopes that you provided when you filed your Petition for Change of Name. In other courts, you will either call the Circuit Court's Family Law Resource Center or submit a form to the Clerk of Court to request a hearing.

STEP 5: Return to the county Circuit Court on the date of your final hearing.

Prior to the date of your final hearing, you should call the Circuit Court to confirm that your hearing is still scheduled. You should also check with the court to see if you need to bring the Final Judgment of Change of Name, which is located in this packet, to sign.

- On the day of your hearing, get to your assigned location **at least** 15 minutes early. *If you are late, the case may be dismissed.*
- The judge will ask you to explain why you want your name changed. The judge may ask several questions to verify that your intent is lawful.
 - According to Florida statute, you must not have an ulterior or illegal purpose for filing the Petition of Change of Name, and granting the petition must not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise. Also, you must not have had your civil rights suspended, or, if your civil rights have been suspended, they have been fully restored.
 - If the judge asks why you are seeking to change your name, you may say that this is your preferred name, or you may give a more detailed response as you feel comfortable.
 - The judge may ask you questions related to your name change, and questions may be related to whether you are trying to avoid debt or criminal history. It is important that you are respectful and truthfully answer the judge's questions.
 - As an adult, you should not need to provide any medical documentation relating to your transgender status for a name change. (Note: this may not apply to youth name changes). If the judge asks detailed questions about your transition, you may answer if you are comfortable or you may choose to respectfully reply that that is private medical information, and that you are requesting a legal name change, not a legal change of gender.
 - i. Please consult an attorney if a judge requests additional medical documentation for your name change or denies your name change.
- Provide the judge with the Final Judgment of Change of Name to sign (if applicable).
 - If you need to bring the Final Judgment of Change of Name, the form is located in your packet as Appendix A-6. You should type or print the information in the heading, including the circuit, county, case number, division and the parties' names, and leave the rest blank for the judge to complete at your hearing.
- If the judge grants your petition, he or she will sign the Final Judgment of Change of Name, which officially changes your name. The Clerk of the Circuit Court can provide you with certified copies of the Judgment. *There will be a fee to obtain certified copies, which varies by county but is approximately \$2.00 per copy.*

- You should order at least five certified copies of your name change order to assist you in changing your name elsewhere. You can always return to the court for additional certified copies if needed.

II. CHANGING YOUR NAME AND GENDER WITH THE SOCIAL SECURITY ADMINISTRATION

This section is designed to walk you through the process of updating your name and gender marker in your Social Security records. Note that your Social Security Card only lists your name and Social Security Number – not your gender. However, the Social Security Administration maintains information in its computer records on everyone who has a Social Security Number, including name, gender, and date of birth, so this section also describes how to update the gender listed in your Social Security records. Note that other government agencies may look to your Social Security records to verify your gender.

NOTE: You can change both your gender marker and name with Social Security at the SAME TIME or separately.

STEP 1: Prepare Documents

Updating Your Legal Name with the Social Security Administration

To update your legal name in your Social Security records (including on your Social Security Card), you will need to complete and submit the following documents:

1. Application for Social Security Card (available at your local Social Security Administration office or at <http://www.ssa.gov/forms/ss-5fs.pdf>) that includes your changed name;
2. Certified copy of the Court Order for Change of Name;
3. An unexpired identification document, such as driver's license, state-issued identity card, or U.S. Passport (it is okay if your ID document includes your former name); and
4. Proof of U.S. citizenship or lawful immigration status, such as a passport, birth certificate or immigration documentation.

Updating Your Gender Marker with the Social Security Administration

Although no gender marker is listed on your Social Security card, other government agencies look to your Social Security records to verify your gender. You may update your gender marker in your Social Security records at the same time or separately from when you update your legal name with the Social Security Administration.

To update your gender marker in your Social Security records, you will need to complete and submit the following documents:

1. Application for Social Security Card (available at SSA office or at <http://www.ssa.gov/forms/ss-5fs.pdf>);

2. An unexpired identification document, such as driver’s license, state-issued identity card, or U.S. Passport (it is okay if your ID document includes your former name);
3. Proof of U.S. citizenship or lawful immigration status, such as a passport, birth certificate or immigration documentation;
4. At least one of the following documents as evidence of your gender change:
 - Full validity U.S. passport (showing the correct gender);
 - State-issued amended birth certificate (showing the correct gender);
 - Certified copy of court order directing legal recognition of change of gender; or
 - Medical certification of appropriate clinical treatment for gender transition in the form of an original letter from a licensed physician.

The following is an example of a letter that meets all the Social Security requirements:

PHYSICIAN LETTERHEAD

I, (physician’s full name), (physician’s medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), am the physician of (name of patient), with whom I have a doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female).

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signature of Physician

Typed Name

Address

Phone Number

Date

STEP 2: Submit Documents

You may mail your completed application to your local Social Security Administration Office or apply in person. All documents must either be originals or copies certified by the issuing agency. *Note that any documents you mail will be returned.*

To locate your nearest Social Security Administration Office, please visit: <https://secure.ssa.gov/ICON/main.jsp>. Your new Social Security Card will be mailed to the address you provided and your Social Security Records will be updated in accordance with the information provided in your application and supported by acceptable documents. *There is no fee to update your Social Security Records or receive a new Social Security Card.*

III. CHANGING YOUR NAME AND GENDER WITH THE FLORIDA DEPARTMENT OF MOTOR VEHICLES (DMV)

This section is designed to walk you through the process of changing your name and gender marker with the Florida DMV. If you are changing BOTH your NAME and GENDER marker on your driver's license, it is most efficient to change them at the SAME TIME at the DMV, but you can change your name or gender separately as well.

NOTE: This is the process for individuals with an existing Florida driver's license. If you are applying for a Florida driver's license for the first time, please follow all documentation requirements on the Florida DMV website to show proof of identity.

NOTE: Your Social Security Records must have been updated at least **48 hours before updating the name on** your driver's license (per Section 3 above).

NOTE: A new photograph will be taken each time a change to a driver's license is made in person.

Changing Your Name with the DMV

Bring all of the following to the DMV:

- A certified copy of your Court Order for Change of Name;
- For U.S. citizens:
 - Your current driver's license or ID card;
 - An original or certified copy of one of the following forms of primary identification:
 - Certified United States birth certificate, including territories and District of Columbia, issued by a government agency;
 - Valid United States Passport or Passport Card;
 - Consular Report of Birth Abroad;
 - Certificate of Naturalization, Form N-550 or Form N-570; or
 - Certificate of Citizenship, Form N-560 or Form N-561;
- *For non-U.S. citizens (immigrant):
 - Valid Alien Registration receipt card, (Green card, Form I-551);
 - I-551 stamp in passport or on I-94;
 - Immigration Judges Order, with the customer's A-number, granting asylum;
 - I-797, with the customer's A-number, stating the customer has been granted asylum; or

- I-797 or another form from the Bureau of Citizenship and Immigration Services, with the customer's A-number, stating the customer's application for Refugee status is approved;
- *For non-U.S. citizens (non-immigrant):
 - Valid employment authorization card issued by the United States Department of Homeland Security (Form 16888 or 1-766); or
 - Proof of nonimmigrant classification provided by United States Department of Homeland Security (Form 1-94, not expired, with required supporting attachment(s));
- Proof of your social security number
 - If you have a social security number, you may use an original of one of the following documents as proof of your social security number:
 - Social Security card;
 - W-2 form (not handwritten);
 - Pay check/stub;
 - SSA-1099; or
 - Any 1099 (not handwritten);
 - If you don't have a social security number, you need to present at least one of the following
 - A driver's license from the District of Columbia, U.S. Territories, or one of our 50 states;
 - School record stating date of birth, which must contain the registrar's signature;
 - Transcript of the birth record filed with a public officer charged with the duty of recording certificates;
 - Baptism certificate, which shows date of birth and the place of baptism;
 - Family Bible record or birth announcement in a baby book;
 - An insurance policy on the customer's life which has been in force for at least two years and has the month, day and year of birth;
 - United States military or military dependent identification card;
 - An identification card from the District of Columbia, U.S. Territories, or one of our 50 states;
 - Florida license record or identification card record;
 - Selective Service Registration (Draft Card);
 - Florida Vehicle Registration certificate (HSMV 83399, owner's copy) obtained from the tax collector's office where the customer's vehicle was registered, Florida, or out-of-state registration certificate, if name and date of birth are shown;

- Receipt copy of your last Florida driver's license issuance.
 - Immigration form I-571;
 - Federal form DD-214 (military record);
 - Marriage certificate;
 - Court Order for Change of Name, which includes legal name;
 - A Florida voter registration card, which was issued at least 3 months previously;
 - Parent consent form of minor, signed by the parent or legal guardian;
 - Government issued out-of-country passport, driver's license, or identification card; or
 - Concealed Weapons Permit.
- At least two different documents proving your residential address in Florida from the following list:
 - Deed, mortgage, monthly mortgage statement, mortgage payment booklet or residential rental/lease agreement;
 - Florida Voter Registration Card;
 - Florida Vehicle Registration or Title;
 - Florida Boat Registration or Title (if living on a boat/houseboat);
 - Two proofs of residential address from applicant's parent, step-parent, legal guardian or other person with whom the applicant resides, along with a statement from a parent, step-parent, legal guardian or other person with whom the applicant resides, combined with two proofs of their residential address;
 - A utility hook up or work order dated within 60 days of the application;
 - Automobile Payment Booklet;
 - Selective Service Card;
 - Medical or health card with address listed;
 - Current homeowner's insurance policy or bill;
 - Current automobile insurance policy or bill;
 - Educational institution transcript forms for the current school year;
 - Unexpired professional license issued by a government agency in the U.S.;
 - W-2 form or 1099 form;
 - Form DS2019, Certificate of Eligibility for Exchange Visitor (J-1) status;
 - A letter from a homeless shelter, transitional service provider, or a half-way house verifying that they receive mail for the customer along with a Certification of Address Form;
 - Utility bills, not more than two months old;

- Mail from financial institutions; including checking, savings, or investment account statements, not more than two months old;
- Mail from Federal, State, County or City government agencies (including city and county agencies);
- FDLE Registration form completed by local sheriff's department if you are a Sexual Offender/Predator/Career Offender.

* You must have your name changed on these documents prior to changing your name with the DMV.

The DMV will change your name and will mail your ID to the address you have on file (*P.O. Boxes are not accepted*). The replacement license fee is \$25.

Changing Your Gender Marker with the DMV

A gender marker may be changed on your Florida driver's license **if you are undergoing appropriate clinical treatment for gender transition.**

In order to change your gender on your existing Florida driver's license, you must provide a signed original statement, on office letterhead, from your attending medical physician (internist, endocrinologist, gynecologist, urologist or psychiatrist), which must include all of the following items:

- Physician's full name;
- Physician's medical license or certificate number;
- Issuing state or other jurisdiction of physician's medical license/certificate
- Physician's Drug Enforcement Administration (DEA) registration number;
- Physician's address and telephone number;
- Language stating that he/she is the licensed physician for the customer and that he/she has a doctor/patient relationship with the customer;
- Language stating the customer is undergoing appropriate clinical treatment for gender transition to the new gender (male or female); and
- Language stating "I declare under penalty of perjury under the laws of the United States the forgoing is true and correct."

IV. CHANGING YOUR NAME AND GENDER ON YOUR U.S. PASSPORT

This section is designed to walk you through the process of successfully updating your name and gender marker on your Passport. You can update the gender marker on your Passport at the same time or separately from when you update your legal name.

Updating Your Legal Name on an Existing Valid Passport

When you already have a valid Passport, you may submit a *Passport Renewal Application* to change your legal name on the passport by mail. You will need to complete and submit:

1. A *Passport Renewal Application* (Form DS-82) (*Follow all written instructions as indicated in the application.*)
2. Your most recent Passport (book or card)
3. A recent color photograph 2x2 inches in size (*See instructions to the application for further specific information and guidelines for your photo. It is important that your photo comply with these requirements, or your application may be rejected.*)
4. Certified copy of Court Order for Change of Name
5. Fee (*See the Department of State fee schedule for costs:*
<http://travel.state.gov/content/passports/english/passports/information/fees.html>).

Updating Your Legal Name and Gender Marker on an Existing Valid Passport or Getting a Passport for the First Time

If you are applying to change your gender marker, submitting a passport application for the first time, or applying for a passport when your old passport has expired, you must apply **in person**. To locate your local Passport Acceptance Facility, please visit: <http://iafdb.travel.state.gov/>. You will need to complete and submit:

1. *Application for U.S. Passport* (Form DS-11)
2. Proof of U.S. citizenship (such as a previous U.S. Passport, certified Birth Certificate, Certificate of Naturalization, or Report of Birth Abroad)
3. Proof of identity that contains your signature and photograph that is “a good likeness to you” (such as a previous U.S. Passport, a Driver’s License, a Certificate of Naturalization, Military Identification, or a Government Employee Identification Card)
4. A recent color photograph 2x2 inches in size
 - See instructions to the application for further specific information and guidelines for your photo. *It is important that your photo comply with these requirements, or your application may be rejected.*
5. Certified copy of Court Order for Change of Name

6. A letter from your physician confirming your gender transition (*The requirements for this letter are listed below.*)
7. Fee (*See the Department of State fee schedule for costs:*
<http://travel.state.gov/content/passports/english/passports/information/fees.html>).

Requirements for Physician’s Letter Used to Update Your Gender Marker on an Existing Valid Passport

In accordance with State Department policy, a person can obtain a Passport reflecting his or her current gender by submitting a certification from a physician confirming that he or she has had “appropriate clinical treatment” for gender transition. This policy replaces the State Department’s old policy, which required documentation of surgical procedures to change your birth sex. Keep in mind that the State Department will require this certification any time a previous Passport or any other personal documentation presented by an applicant reflects a different gender. *The State Department will not accept Court Orders for Gender Change or any other proof of gender in place of this letter.*

You must submit a signed letter from a licensed physician confirming that you have had “appropriate clinical treatment” for gender transition. The letter should follow the exact language of this sample letter:

LETTER ON LETTERHEAD

I, (physician’s full name), (physician’s medical license or certificate number), (issuing U.S. State/ Foreign Country of medical license/certificate), am the physician of (name of patient), with whom I have a doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Signature

Typed Name

Address

Phone Number

Date

Limited Validity Two-Year Passports vs. Full Validity Ten-Year Passports

The State Department still has an outdated policy that distinguishes between a transition that is “in process” and one that is “complete.” This distinction was originally intended for applicants who had recently begun a gender transition and needed documentation to travel abroad, before the requirement for undergoing a surgical procedure was removed. The language we recommend above and in our sample letter indicates to the Department of State that the transition is “complete.” However, if you submit a letter that indicates your transition is “in process” **please note that you will be issued a limited validity two-year Passport.** A limited validity two-year Passport can be extended to a full validity ten-year Passport at no additional cost by submitting *Application for U.S. Passport* (Form DS5504), along with the necessary documentation indicated in the form, within two-years of the issue date of your limited validity two-year Passport. You may mail-in Form DS-5504 and accompanying documentation to the National Passport Processing Center or drop off your completed application and required documentation to your local State Department Office. Note that any documents you mail will be returned if not damaged.

1. By Mail:

- For Routine Service: National Passport Processing Center
P.O. Box 90107
Philadelphia, PA 19190-0107
- For Expedited Service (Additional Fee):
National Passport Processing Center
P.O. Box 90907
Philadelphia, PA 19190-0107

2. In Person:

- To locate your local Passport Acceptance Facility, please visit:
<http://iafdb.travel.state.gov/>

V. SELECTIVE SERVICE REGISTRATION

Female to male individuals

If you were designated female at birth, you do not have to register with the Selective Service, even if you have had surgery. However, if you are applying for federal financial aid, grants, loans, or other benefits as a male, you may be asked to provide proof that you are exempt from the Selective Service. To obtain such proof, you should request a Status Information Letter (SIL) from the Selective Service.

To request a SIL that shows you are exempt, you can either download a SIL request form from the Selective Service website (http://www.sss.gov/PDFs/SilForm_Instructions.pdf) or call them at 1-888-655-1825. The SIL request form requires female to male individuals to identify as such and attach a copy of a birth certificate showing the birth-assigned sex. If the gender marker on your birth certificate has been changed, attach any such documentation. This service is free and the exemption letter you will receive does not specify why you are exempt. Once you receive your SIL, keep it in your files.

Male to female individuals

If you were designated male at birth, you must register for the Selective Service if you are between the ages of 18 and 26, even if you have had surgery. You may register online at <http://www.sss.gov/default.htm> or you may complete and mail a “mail-back” registration form available at any post office. In the unlikely event that the draft is resumed and you receive an order to report for examination or induction, you may file a claim for exemption from service.

While you do not need to notify the Selective Service of a change in gender, **you are obligated to inform them of a change in name.** To notify the Selective Service of your name change you must fill out Form SSS 2 (technically a change of address form), available at your local post office. You must attach a certified copy of the Court Order for Change of Name.

VI. CHANGING NAME AND GENDER ON A BIRTH CERTIFICATE

This section is designed to walk you through the process of successfully changing your name and gender marker on your birth certificate.

Birth Certificate Issued in a State Other than Florida

- **Name Change:** Most states will allow you to change the name on the birth certificate upon presentation of a court order recognizing the name change from any state. Some states will issue new birth certificates while others will issue an “amended” birth certificate which reflects the old and new names. Note that some states will NOT accept a court order from another state to change one’s name (e.g. Louisiana requires the individual to file for a name change in Louisiana regardless of where you live now).
- **Gender Change:** Each state has different rules on whether and how to change the gender marker on a birth certificate. Many states will allow you to change the gender marker on the birth certificate upon presentation of a court order recognizing the gender change, while other states require proof of treatment for gender transition to be submitted directly to the vital statistics department. Some states will issue new birth certificates while others will issue an “amended” birth certificate which reflects the previous and updated gender markers. Some states require proof of surgery and some do not. For more information about the process in your state, visit www.transequality.org/documents.

Birth Certificates Issued in Florida

With a Florida Court Order for Change of Name:

- If you have obtained a court order recognizing your name change in Florida, **the Clerk of court will automatically send a Report of Legal Change of Name to the Florida Bureau of Vital Statistics**, usually within 30 days.
- If an address is provided, the Florida Bureau of Vital Statistics will notify you in writing that the Report of Legal Change of Name was received and request payment of a non-refundable fee of \$20 to amend your birth certificate.
 - The fee will include one certification of your amended birth certificate.
 - The fee must be paid by check or money order payable to Vital Statistics and sent with the application to Bureau of Vital Statistics, Attn: Amendment Section, P.O. Box 210, Jacksonville, FL 32231-0042. A copy of your photo identification card should be included with your fee.
- Once the fee is paid, the Florida Bureau of Vital Statistics will amend your birth certificate by attaching the Report of Legal Change of Name to your original birth certificate and issue you a new birth certificate.

With a Court Order for Change of Name issued Outside of Florida:

- If you have obtained a court order recognizing your name change outside of Florida, a certified copy of the legal name change must be submitted with the DH429 Application for Amendment to Florida Birth Record and DH430 Affidavit of Amendment of Certificate of Live Birth located in the back of this packet as Appendix C-1 and C-2.
 - Be sure to complete the application and affidavit carefully and truthfully.
 - Notarize your signature on the affidavit.
 - Mail both the application and notarized affidavit with a check or money order for \$20.00 made payable to Bureau of Vital Statistics, Attn: Correction Unit, P.O. Box 210, Jacksonville, FL 32231-0042

Gender Change:

The Florida Administrative Code allows for amendments to the sex on a birth certificate with “original, certified, or notarized supporting documentary evidence”. The code does not specify requirements of supporting evidence.

To apply for an amended birth certificate, the applicant should submit the following:

- DH429 Application for Amendment to Florida Birth Record (*located in the back of this packet as Appendix C-2*)
 - DH430 Affidavit of Amendment of Certificate of Live Birth (*located in the back of this packet as Appendix C-1*)
 - This form must be notarized.
 - Certified copy of a court order of name change;
 - A sworn affidavit from your physician who performed sex reassignment surgery stating that you completed sex reassignment in accordance with the appropriate medical procedures. The affidavit should include the physician’s medical license number;
 - Photocopy of person’s photo identification; and
 - Check or money order for \$20.00 made payable to Bureau of Vital Statistics, Attn: Correction Unit, P.O. Box 210, Jacksonville, FL 32231-0042.
-
- **Questions?** Contact Gwen McNeil at the Florida Bureau of Vital Statistics at (904) 359-6900 ext. 1055.

APPENDIX A: TEMPLATE FORMS FOR PETITION FOR CHANGE OF NAME

APPENDIX A-1: FORM 12.928, COVER SHEET FOR FAMILY COURT CASES

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Judge: _____

Petitioner

and

Respondent

II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) ___ Initial Action/Petition
- (B) ___ Reopening Case
 - 1. ___ Modification/Supplemental Petition
 - 2. ___ Motion for Civil Contempt/Enforcement
 - 3. ___ Other

III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) ___ Simplified Dissolution of Marriage
- (B) ___ Dissolution of Marriage
- (C) ___ Domestic Violence
- (D) ___ Dating Violence
- (E) ___ Repeat Violence
- (F) ___ Sexual Violence
- (G) ___ Stalking
- (H) ___ Support IV-D (Department of Revenue, Child Support Enforcement)
- (I) ___ Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (J) ___ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (K) ___ UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (L) ___ Other Family Court
- (M) ___ Adoption Arising Out Of Chapter 63
- (N) ___ Name Change
- (O) ___ Paternity/Disestablishment of Paternity
- (P) ___ Juvenile Delinquency

APPENDIX A-1: FORM 12.928, COVER SHEET FOR FAMILY COURT CASES

- (Q) ___ Petition for Dependency
- (R) ___ Shelter Petition
- (S) ___ Termination of Parental Rights Arising Out Of Chapter 39
- (T) ___ Adoption Arising Out Of Chapter 39
- (U) ___ CINS/FINS

IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

- ___ No, to the best of my knowledge, no related cases exist.
- ___ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
 Attorney or party (Bar number, if attorney)

_____ (Type or print name) _____ (E-mail Address(es))

_____ Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

This form was prepared for the: *{choose only one}* () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, *{state}* _____, *{telephone number}* _____.

APPENDIX A-2: FORM 12.982(a), PETITION FOR CHANGE OF NAME

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner.

PETITION FOR CHANGE OF NAME (ADULT)

I, {full legal name} _____, being sworn, certify that the following information is true:

1. My complete present name is: _____
I request that my name be changed to: _____
2. I live in _____ County, Florida, at {street address} _____

3. I was born on {date} _____, in {city} _____, {county} _____,
{state} _____, {country} _____.
4. My father's full legal name : _____
My mother's full legal name: _____
My mother's maiden name: _____

5. I have lived in the following places since birth:

Dates (to/from)	Address
_____/_____	_____
_____/_____	_____
_____/_____	_____
_____/_____	_____

(___ Please indicate here if you are continuing these facts on an attached page.)

6. Family

[Indicate **all** that apply]

- ___ I am not married.
___ I am married. My spouse's full legal name is: _____
___ I do not have child(ren).
___ The name(s), age(s), and address(es) of my child(ren) are as follows (all children, **including those over 18**, must be listed):

APPENDIX A-2: FORM 12.982(a), PETITION FOR CHANGE OF NAME

Name *{last, first, middle initial}* **Age** **Address, City, State**

(_____ Please indicate here if you are continuing these facts on an attached page.)

7. Former names

*[Indicate **all** that apply]*

_____ My name has never been changed **by a court**.

_____ My name previously was changed **by court order** from _____
to _____ on *{date}* _____,
by *{court, city, and state}* _____.

A copy of the court order is attached.

_____ My name previously was changed **by marriage** from _____
to _____ on *{date}* _____,
in *{city, county, and state}* _____.

A copy of the marriage certificate is attached.

_____ I have never been known or called by any other name.

_____ I have been known or called by the following other name(s): *{list name(s) and explain where you were known or called by such name(s)}* _____

8. Occupation

My occupation is: _____.

I am employed at: *{company and address}* _____.

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
_____/_____ /	_____

(_____ Please indicate here if you are continuing these facts on an attached page.)

9. Business [Choose **one only]**

_____ I do not own and operate a business.

_____ I own and operate a business. The name of the business is: _____

The street address is: _____.

My position with the business is: _____.

I have been involved with the business since: *{date}* _____.

APPENDIX A-2: FORM 12.982(a), PETITION FOR CHANGE OF NAME

10. Profession

[Choose one only]

I am not in a profession.

I am in a profession. My profession is: _____

I have practiced this profession:

Dates (to/from)	Place and address
____/____	_____
____/____	_____
____/____	_____
____/____	_____
____/____	_____

(Please indicate here if you are continuing these facts on an attached page.)

11. Education

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate here if you are continuing these facts on an attached page.)

12. Criminal History

Indicate all that apply

I have never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

I have a criminal history. In the past I have been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of my criminal history are:

Date	City/State	Event (arrest, charge, plea, or adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please indicate here if you are continuing these facts on an attached page.)

I have have not ever been required to register as a sexual predator under section 775.21, Florida Statutes.

I have have not ever been required to register as a sexual offender under section 943.0435, Florida Statutes.

APPENDIX A-2: FORM 12.982(a), PETITION FOR CHANGE OF NAME

13. Bankruptcy

[Choose one only]

I have never been adjudicated bankrupt.

I was adjudicated bankrupt on *{date}* _____, in *{city}* _____,
{county} _____, *{state}* _____.

(Please indicate here if you have filed additional bankruptcies, and explain on an attached page.)

14. Creditor(s)' Judgments

[Choose one only]

I have never had a money judgment entered against me by a creditor.

The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	if Paid <i>{date}</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please indicate here if these facts are continued on an attached page.)

15. Fingerprints and Criminal History Records Check

Unless I am seeking to restore a former name, a copy of my fingerprints has been taken in a manner approved by the Department of Law Enforcement and submitted for a state and national criminal history records check. **I understand that I cannot request a hearing on my Petition until the Clerk of Court receives the results of the criminal history records check. I also understand that the state and national records check must indicate whether I have registered as either a sexual predator or sexual offender.**

16. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

17. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

APPENDIX A-2: FORM 12.982(a), PETITION FOR CHANGE OF NAME

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of PETITIONER

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-Mail Address(es): _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

_____ Personally known

_____ Produced identification

_____ Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared by the Petitioner.

This form was completed with the assistance of: _____

{name of individual} _____,

{name of business}: _____,

{address} _____,

{city} _____, {state} _____, {zip code} _____, {telephone number} _____.

APPENDIX A-3: FORM 12.900(h), NOTICE OF RELATED CASES

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

- 1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

APPENDIX A-3: FORM 12.900(h), NOTICE OF RELATED CASES

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check **all** that apply]:

pending case involves same parties, children, or issues;

may affect court's jurisdiction;

order in related case may conflict with an order in this case;

order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

Dissolution of Marriage

Paternity

Custody

Adoption

Child Support

Modification/Enforcement/Contempt Proceedings

Juvenile Dependency

Juvenile Delinquency

Termination of Parental Rights

Criminal

Domestic/Sexual/Dating/Repeat

Mental Health

Violence or Stalking Injunctions

Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

pending case involves same parties, children, or issues;

may affect court's jurisdiction;

APPENDIX A-3: FORM 12.900(h), NOTICE OF RELATED CASES

order in related case may conflict with an order in this case;
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____
Petitioner _____
Respondent _____
Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- | | |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat
Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health |
| | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases check all that apply]:

- pending case involves same parties, children, or issues;
 may affect court's jurisdiction;
 order in related case may conflict with an order in this case;
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [check **one** only]

I **do not** request coordination of litigation in any of the cases listed above.

APPENDIX A-3: FORM 12.900(h), NOTICE OF RELATED CASES

____ I **do** request coordination of the following cases: _____

3. [check **all** that apply]

____ Assignment to one judge

____ Coordination of existing cases

will conserve judicial resources and promote an efficient determination of these cases because: _____.

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and [**check all used**] () e-mailed () mailed () hand delivered, a copy to {name} _____, who is the [**check all that apply**] () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____ a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

Florida Bar Number: _____

APPENDIX A-3: FORM 12.900(h), NOTICE OF RELATED CASES

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the *{choose **only one**}*: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{address} _____,

{city} _____ *{state}* _____, *{telephone number}* _____.

APPENDIX A-4: FORM 12.900(a), DISCLOSURE FROM NONLAWYER

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,
and

Respondent.

DISCLOSURE FROM NONLAWYER

{Name} _____ told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. {Name} _____, informed me that he/she is not a paralegal as defined by the rule and cannot call himself/herself a paralegal.

{Name} _____, told me that he/she may only type the factual information provided by me in writing into the blanks on the form. Except for typing, {name} _____, may not tell me what to put in the form and may not complete the form for me. However, if using a form approved by the Supreme Court of Florida, {name} _____, may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[choose **one** only]

____ I can read English.

____ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by

{name} _____ in {language} _____, which I understand.

Dated: _____

Signature of Party

Signature of **NONLAWYER**

Printed Name: _____

Name of Business: _____

Address: _____

Telephone Number: _____

APPENDIX A-5: NOTICE OF LIMITATION OF SERVICES PROVIDED

(English)

THE PERSONNEL IN THIS SELF-HELP PROGRAM ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU.

SELF-HELP PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM.

THE PERSONNEL IN THIS SELF-HELP PROGRAM CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT. SELF-HELP SERVICES ARE AVAILABLE TO ALL PERSONS WHO ARE OR WILL BE PARTIES TO A CIVIL CASE. THE INFORMATION THAT YOU GIVE TO AND RECEIVE FROM SELF-HELP PERSONNEL IS NOT CONFIDENTIAL AND MAY BE SUBJECT TO DISCLOSURE AT A LATER DATE. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THIS SELF-HELP PROGRAM, THAT PERSON WILL BE GIVEN THE SAME TYPE OF ASSISTANCE THAT YOU RECEIVE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY, ESPECIALLY IF YOUR CASE PRESENTS SIGNIFICANT ISSUES.

___ I CAN READ ENGLISH.

___ I CANNOT READ ENGLISH. THIS NOTICE WAS READ TO ME BY{NAME} _____ IN {LANGUAGE} _____ .

SIGNATURE

APPENDIX A-5: NOTICE OF LIMITATION OF SERVICES PROVIDED

(Spanish)

EL PERSONAL EN ESTE PROGRAMA DE AYUDA PROPIA NO ESTA ACTUANDO COMO SU ABOGADO NI LE ESTA DANDO CONSEJO LEGALES. EL PERSONAL NO REPRESENTA NI LA CORTE NI NINGUN JUEZ. EL JUEZ ASIGNADO A SU CASO PUEDE REQUERIR UN CAMBIO DE ESTA FORMA O UNA FORMA DIFERENTE. EL JUEZ NO ESTA OBLIGADO A CONCEDER LA REPARACION QUE USTED PIDE EN ESTA FORMA.

EL PERSONAL DE ESTE PROGRAMA DE AYUDA PROPIA NO LE PUEDE DECIR CUALES SON SUS DERECHOS NI SOLUCIONES LEGALES, NO PUEDE REPRESENTARLO EN CORTE, NI DECIRLE COMO TESTIFICAR EN CORTE. SERVICIOS DE AYUDA PROPIA ESTÁN DISPONIBLES A TODAS LAS PERSONAS QUE SON O SERÁN PARTES DE UN CASO FAMILIAR. LA INFORMACIÓN QUE USTED DA Y RECIBE DE ESTE PERSONAL NO ES CONFIDENCIAL Y PUEDE SER DESCUBIERTA MAS ADELANTE. SI OTRA PERSONA ENVUELTA EN SU CASO PIDE AYUDA DE ESTE PROGRAMA, ELLOS RECIBIRAN EL MISMO TIPO DE ASISTENCIA QUE USTED RECIBE.

EN TODOS LOS CASOS, ES MEJOR CONSULTAR CON SU PROPIO ABOGADO, ESPECIALMENTE SI SU CASO TRATA DE TEMAS RESPECTO A NINOS, MANTENIMIENTO ECONOMICO DE NINOS, MANUTENCION MATRIMONIAL, RETIRO O BENEFICIOS DE PENSION, ACTIVOS U OBLIGACIONES.

YO PUEDO LEER ESPANOL.

YO NO PUEDO LEER ESPANOL. ESTE AVISO FUE LEIDO A MI POR

{NOMBRE} _____ EN {IDIOMA} _____.

FIRMA

APPENDIX A-6: FINAL JUDGMENT OF CHANGE OF NAME

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on *{date}* _____, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

- 1. Petitioner is a bona fide resident of _____ County, Florida;
- 2. Petitioner’s request is not for any ulterior or illegal purpose; and
- 3. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner’s present name, _____,
is changed to _____
by which Petitioner shall hereafter be known.

DONE and ORDERED ON _____ in _____, Florida.

CIRCUIT JUDGE

I certify that a copy of the *{name of document(s)}* _____
was () mailed () faxed and mailed () e-mailed () hand-delivered to the party(ies) listed below on
{date} _____.

Petitioner

APPENDIX B: COUNTY-SPECIFIC NOTES

ALACHUA COUNTY

- **Location:** Alachua County Family/Civil Justice Center: 201 E. University Avenue, Room 400, Gainesville, FL 32601
- **Phone:** (352) 374-3636
- **Notes:** You may contact the local self-help center at (352) 374-3694.
- **Office Hours:** Monday – Friday, 8:15 AM – 5:00 PM
- **Filing Fee:** \$400

BAKER COUNTY

- **Location:** 339 E. Macclenny Ave., Macclenny, FL 32063
- **Phone:** (904) 259-3686
- **Notes:** A deputy Clerk can be found onsite to notarize applicable forms. You may contact the local self-help center at (352) 374-3694.
- **Office Hours:** Monday – Friday, 9:00 AM – 4:30 PM
- **Filing Fee:** \$400

BAY COUNTY

- **Location:** 300 E. 4th Street, Panama City, FL 32401
- **Phone:** (850) 763-9061
- **Notes:** You may contact the local self-help center at (850) 747-5623, (850) 747-5247 or (850) 747-5497.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

BRADFORD COUNTY

- **Location:** 945 North Temple Ave., Starke, FL 32091
- **Phone:** (904) 966-6280
- **Notes:** You may contact the local self-help center at (352) 374-3694.
- **Office Hours:** Monday – Friday, 8:00 AM - 5:00 PM
- **Filing Fee:** \$400

BREVARD COUNTY

- **Locations:**
 - Titusville (Main Office): Historic Titusville Court House: 400 South Street, Titusville, FL 32781. Go to the West Side, 2nd Floor.
 - Viera: Moore Justice Center: 2825 Judge Fran Jamieson Way, Viera, FL 32940
 - Merritt Island: Sheriff's Department Complex, 2575 North Courtenay Parkway, Room 129, Merritt Island, FL 32953
 - Palm Bay: 450 Cogan Drive S.E., Palm Bay, FL 32909
 - Melbourne: Courthouse: 51 South Nieman Avenue, Melbourne, FL 32901
- **Phone:** (321) 637-5413
- **Notes:** You may contact the local self-help center at (321) 617-7254.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$401

BROWARD COUNTY:

- **Location:** Clerk of the Court, Family Division: Room. 232, 201 S.E. 6th Street, Fort Lauderdale, FL 33301
- **Phone:** (954) 712-7899
- **Notes:** You may contact the local self-help center at (954) 831-6565. The filing Clerk will go through the petition and highlight anything that remains to be completed. Once approved by the filing Clerk, the petition may be filed in Room 230, windows 2 or 3, at which point a case number will be assigned.
- **Office Hours:** Monday – Friday, 8:00 AM to 3:30 PM
- **Filing Fee:** \$401

CALHOUN COUNTY

- **Location:** 20859 SE Central Avenue, Blountstown, FL 32424
- **Phone:** (850) 674-4545
- **Notes:** You may contact the local self-help center at (850) 718-0480. Bring the completed petition to Room 130. The Clerk will file the petition and the Court Administrator will review it within one week. If something is missing or needs to be corrected, the Court Administrator will note that in the file. It is your responsibility to call every week to check on the status of the file.
- **Office Hours:** Monday – Friday, 9:00 AM – 5:00 PM
- **Filing Fee:** \$395

CHARLOTTE COUNTY

- **Location:** 350 E. Marion Ave., Port Charlotte, FL 33950
- **Phone:** (941) 505-4716
- **Notes:** You may contact the local self-help center at (941) 637-2399 or (941) 833-3064. For convenience, you can also drop off your documents at the Murdock Administration Building, 18500 Murdock Circle, Port Charlotte, FL 33948 on the 4th Floor in Room 423.
- **Office Hours:** Monday – Friday, 8:00AM – 5:00 PM
- **Filing Fee:** \$400

CITRUS COUNTY

- **Location:** 110 N. Apopka Ave. Inverness, FL 34450
- **Phone:** (352) 341-6424 or (321) 275-1062
- **Notes:** You may contact the local self-help center at (352) 341-7007.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

CLAY COUNTY

- **Locations:**
 - Green Cove Springs: 825 N. Orange Ave., Green Cove Springs, FL 32043-0698; (904) 269-6302
 - Keystone Heights: 7380 State Road 100, Suite 10, Keystone Heights, FL 32656; (352) 478-8016
 - Orange Park: 1478 Park Avenue, Orange Park, FL 32073; (904) 278-4769 or (904) 529-4769
 - Middleburg: 1836 Blanding Blvd, Suite D, Middleburg, FL 32068; (904) 282-6490

- **Notes:** You may contact the local self-help center at (904) 278-3636.
- **Office Hours:**
 - Green Cove Springs: Monday – Friday: 8:30 AM – 4:30 PM
 - Keystone Heights: Wednesday Only: 8:30 AM – 4:00 PM
 - Orange Park: Monday – Friday: 8:30 AM – 4:30 PM
 - Middleburg: Tuesday Only: 8:30 AM – 4:00 PM
- **Filing Fee:** \$400

COLLIER COUNTY

- **Location:** 3315 Tamiami Trail East, Naples, FL 34101-3044
- **Phone:** (239) 252-2646
- **Notes:** The Family Law Department can be found in Room 102. Due to funding cuts, the Clerk staff and services have been reduced at all locations, so call ahead to determine the best time to arrive.
- **Office Hours:** Monday – Friday: 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

COLUMBIA COUNTY

- **Location:** 173 N.E. Hernando Avenue, Lake City, FL 32055
- **Phone:** (386) 758-1342
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday – Friday: 8:00 AM – 5:00 PM. The office closes at 4:30 PM on the first Monday of each month.
- **Filing Fee:** \$400

DESOTO COUNTY

- **Location:** 115 East Oak Street, Room 101, Arcadia, FL 34266
- **Phone:** (863) 993-4876
- **Notes:** Please call (863) 993-4876 to learn more about the local self-help center.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

DIXIE COUNTY

- **Location:** 214 N.E. 351 Highway, Cross City, FL 32628
- **Phone:** (352) 498-1200
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

DUVAL COUNTY:

- **Location:** Family Law Department, Room 2474, 501 W. Adams Street, Jacksonville, FL 32202
- **Phone:** (904) 255-2000
- **Notes:** You may contact the local self-help center at (904) 255-1060. You may be able to attend your hearing by phone. File a motion with the Court to appear by phone. That motion will be forwarded to the Judge who is hearing your case. The Court will issue an order either granting or denying your motion.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$401

ESCAMBIA COUNTY

- **Locations:**
 - Pensacola (Main Office): 190 W. Governmental Street, Pensacola, FL 332502; (850) 595-4331
 - Century Office: 7500 N Century Blvd., Century, FL 32535; (850) 432-8222
- **Notes:** You may contact the local self-help center at (850) 595-4407.
- **Office Hours:**
 - Pensacola Office: Monday – Friday, 8:00 AM – 5:00 PM
 - Century Office: Monday – Friday, 8:00 AM – 12:00 PM & 1:00 PM – 5:00 PM
- **Filing Fee:** \$400

FLAGLER COUNTY

- **Location:** 1769 E Moody Blvd, Bldg. 1, Bunnell, FL 32110-0787
- **Phone:** (386) 313-4400
- **Notes:** You may make an appointment for an attorney consultation by calling (386) 313-4550. Once you have received your final disposition form, complete the Flagler County Address/Name Change Form, which can be found online at: <https://flaglerClerk.com/wp-content/uploads/2015/11/namechangeform.pdf>.
- **Office Hours:** Monday – Friday, 8:00 AM – 12:00 PM & 1:00 PM – 4:30 PM.
- **Filing Fee:** \$400

FRANKLIN COUNTY

- **Location:** 33 Market Street, Suite 203, Apalachicola, FL 32320
- **Phone:** (850) 653-8861, ext. 106
- **Notes:** You may contact the local self-help center at (850) 653-8861.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

GADSDEN COUNTY

- **Location:** Room 105 in the center of the Gadsden County Courthouse main floor, 10 E. Jefferson Street, Quincy, FL 32351
- **Phone:** (850) 875-8601 ext. 7043
- **Notes:** You may contact the local self-help center at (850) 875-8601.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

GILCHRIST COUNTY

- **Location:** 112 S. Main Street, Trenton, FL 32693
- **Phone:** (352) 463-3170
- **Notes:** You may contact the local self-help center at (352) 374-3694.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

GLADES COUNTY

- **Location:** 500 Avenue J., Moorehaven, FL 33471
- **Phone:** (863) 946-6010
- **Notes:** You may contact the local self-help center at (941) 637-2399 or (941) 833-3064. Bring your paperwork to Room 102. There is a notary available on-site.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM

- **Filing Fee:** \$400

HAMILTON COUNTY

- **Location:** 207 1st Street N.E., Jasper, FL 32052
- **Phone:** (386) 792-1288
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday – Friday, 8:30 AM – 4:30 PM
- **Filing Fee:** \$400

HARDEE COUNTY

- **Location:** 417 W. Main Street, Room 202, Wauchula, FL 33873
- **Phone:** (863) 773-4174 ext. 4015
- **Notes:** Self-help packets are available at the courthouse. You may contact the local self-help center at (863) 534-4000 ext. 5432.
- **Office Hours:** Monday – Friday, 8:30 AM – 4:00 PM
- **Filing Fee:** \$400

HENDRY COUNTY

- **Location:** 25 Hickpochee Avenue LaBelle, FL 33935
- **Phone:** (863) 675-5217
- **Notes:** You may contact the local self-help center at (941) 637-2399 or (941) 833-3064.
- **Office Hours:** Monday – Friday, 8:30 AM to 5:00 PM
- **Filing Fee:** \$400

HERNANDO COUNTY

- **Locations:**
 - Brooksville (main): 20 N. Main Street Brooksville, FL 34601
 - Spring Hill: 7415 Forest Oaks Blvd., Spring Hill, FL 34606
- **Phone:** (352) 754-4201
- **Notes:** You may contact the local self-help center at (352) 540-6274.
- **Office Hours:**
 - Brooksville (main): Monday – Friday, 8:00 AM – 5:00 PM
 - Spring Hill: Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$395

HIGHLANDS COUNTY

- **Location:** 590 S. Commerce Avenue Sebring, FL 33870
- **Phone:** (863) 402-6565
- **Notes:** You may contact the local self-help center at (863) 402-6564.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

HILLSBOROUGH COUNTY

- **Locations:**
 - Tampa: George E. Edgecomb Courthouse, 1st Floor, Room 101: 800 East Twiggs Street, Tampa, FL 33602.
 - Brandon: Regional Service Center, 311 Pauls Drive, Room 110, Brandon, FL 33511. The Regional Service Center is across from the Post Office.
 - Plant City: Hillsborough County Office Building, 301 North Michigan Ave., Room 1071, Plant City, FL 33563.

- South Shore: Regional Service Center, 410 30th Street S.E., Ruskin, FL 33570
- **Phone:** (813) 276-8100
- **Notes:** Instruction packets and forms used to file for family court actions may be purchased at the George E. Edgecomb Courthouse in Tampa, FL. These packets are available for free at www.HillsClerk.com under the “Forms” section. You may contact the local self-help center at (813) 864-2280.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$414

HOLMES COUNTY

- **Location:** 201 N. Oklahoma Street Bonifay, FL 32425
- **Phone:** (850) 547-1100
- **Notes:** You may contact the local self-help center at (850) 718-0480.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:00 PM
- **Filing Fee:** \$400

INDIAN RIVER COUNTY

- **Location:** 2000 16th Avenue Vero Beach, FL 32960
- **Phone:** (772) 770-5185
- **Notes:** You may contact the local self-help center at (850) 864-8561.
- **Office Hours:** Monday – Friday, 8:30 AM – 4:30 PM
- **Filing Fee:** \$400

JACKSON COUNTY

- **Location:** 4445 Lafayette Street, Marianna, FL 32446
- **Phone:** (850) 482-9552
- **Notes:** You may contact the local self-help center at (850) 718-0480.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

JEFFERSON COUNTY

- **Location:** 1 Courthouse Circle, Monticello, FL 32344
- **Phone:** (850) 342-0218, ext. 228
- **Notes:** You may contact the local self-help center at (850) 342-0218.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

LAFAYETTE COUNTY

- **Location:** 120 W Main Street Mayo, FL 32066
- **Phone:** (386) 294-1600
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday- Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

LAKE COUNTY

- **Location:** 550 West Main Street, 3rd Floor, Tavares, FL 32778
- **Phone:** (352) 742-4100
- **Notes:** You may contact the local self-help center at (352) 742-4301. After your forms are filled out and notarized, you must have them reviewed by Family Court Case Management (550 West Main Street, 4th Floor). You do not need an appointment.

- **Office Hours:** Monday – Friday, 8:30 AM – 4:30 PM
- **Filing Fee:** \$400

LEE COUNTY

- **Location:** Justice Center, 1700 Monroe Street or 2075 Dr. Martin Luther King Junior Boulevard, Ft. Myers, FL 33901
- **Phone:** (239) 533-5000, option 3
- **Notes:** You may contact the local self-help center at (239) 533-2747. Bring your paperwork to the 1st floor. All Civil Customer Service terminals have moved to the 1st floor.
- **Office Hours:** Monday – Friday, 7:45 AM – 5:00 PM
- **Filing Fee:** \$400

LEON COUNTY

- **Locations:**
 - County Courthouse on Monroe Street: 301 S Monroe Street, Tallahassee, FL 32301
 - Northeast Branch: 1276 Metropolitan Blvd., Room #101, Tallahassee, FL 32312
- **Phone:** (850) 577-4000
- **Notes:** You may contact the local self-help center at (850) 577-4000.
- **Office Hours:** Monday – Friday: 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

LEVY COUNTY

- **Location:** Levy County Courthouse, 355 S Court Street, Bronson, FL 32621
- **Phone:** (352) 486-5266
- **Notes:** You may contact the local self-help center at (352) 374-3694. Please provide #10 legal size self-addressed envelopes with postage at the time of filing (if no e-mail authorization is provided); otherwise, you will not receive copies of your Final Order.
- **Office Hours:** Monday – Friday: 8:30 AM – 4:30 PM
- **Filing Fee:** \$400

LIBERTY COUNTY

- **Location:** 10818 NW SR 20, Bristol, FL. 32321
- **Phone:** (850) 643-2215
- **Notes:** You may contact the local self-help center at (850) 643-2272.
- **Office Hours:** Monday – Friday: 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

MADISON COUNTY

- **Location:** 125 SW Range Avenue, Madison, FL 32340
- **Phone:** (850) 973-1500
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

MANATEE COUNTY

- **Location:** 1115 Manatee Ave W, Bradenton, FL 34205
- **Phone:** (941) 749-1800
- **Notes:** Please call (941) 749-1800 to learn more about the local self-help center.

- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

MARION COUNTY

- **Location:** 110 NW 1st Avenue, Ocala, FL 34475
- **Phone:** (352) 671-5604
- **Notes:** You may contact the local self-help center at (352) 401-6717.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

MARTIN COUNTY

- **Location:** 100 SE Ocean Blvd., Stuart, FL 34994
- **Phone:** (772) 288-5576
- **Notes:** You may contact the local self-help center at (850) 864-8561.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

MIAMI-DADE COUNTY:

- **Location:** 175 NW First Avenue, Miami, FL 33128
- **Phone:** (305) 275-1155
- **Notes:** You may contact the local self-help center at (305) 349-7800. The Self-Help Clerk will go through your forms and documentation at the time your appointment was set (when the packet was originally purchased). If anything is incomplete or filled out incorrectly, it may be necessary to set up another appointment. Once the Self-Help Clerk approves your forms and documentations, the Clerk will stamp the forms and provide you with copies. You will then file the petition on the 12th floor.
- **Office Hours:** Monday – Friday, 9:00 AM – 4:00 PM
- **Filing Fee:** \$401

NASSAU COUNTY

- **Location:** 76347 Veterans Way, Yulee, FL 32097
- **Phone:** (904) 548-4600
- **Notes:** You may contact the local self-help center at (904) 548-4908.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

OKALOOSA COUNTY

- **Locations:**
 - Crestview: 601-B N. Pearl Street, Crestview, FL, 32536; (850) 689-5000
 - Fort Walton Beach: 1940 Lewis Turner Boulevard, Fort Walton Beach, FL 32547; (850) 651-7200
- **Notes:** You may contact the local self-help center at (850) 864-8561.
- **Office Hours:**
 - Crestview: Monday – Friday, 9:00 AM – 5:00 PM
 - Fort Walton Beach: Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

OKEECHOBEE COUNTY

- **Location:** 312 NW 3rd Street, Okeechobee, FL 34972
- **Phone:** (863) 763-2131

- **Notes:** You may contact the local self-help center at (850) 864-8561.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

PALM BEACH COUNTY:

- **Locations:**
 - Palm Beach County Courthouse: 205 N. Dixie Highway, Rm. #3.2200, West Palm Beach, FL 33401; (561) 355-7048
 - North County Courthouse: 3188 PGA Blvd., Palm Beach Gardens, FL 33410; (561) 624-6650
 - South County Courthouse: 200 W. Atlantic Ave., Delray Beach, FL 33444; (561) 274-1588
 - West County Courthouse: 2950 State Road 15, Rm. #S-100, Belle Glade, FL 33430; (561) 996-4843
- **Notes:** You may contact the local self-help center at (561) 355-7048.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:00 PM
- **Filing Fee:** \$401

PASCO COUNTY

- **Locations:**
 - Dade City: 38053 Live Oak Avenue, Dade City, FL 33523; (352) 523-2411
 - New Port Richey: 7530 Little Road, New Port Richey, FL 34654; (727) 847-2411
- **Notes:** You may make an appointment for an attorney consultation by calling (352) 523-2411, ext. 221 in Dade City and (727) 847-2411, ext. 2211 in New Port Richey.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

PINELLAS COUNTY

- **Location:**
 - Clearwater: 324 S. Ft. Harrison Ave, Clearwater, FL 33756; (727) 464-5150
 - St. Petersburg: 545 First Ave N, St. Petersburg, FL 33701; (727) 582-7941
- **Notes:** You may make an appointment for an attorney consultation by calling the above numbers.
- **Office Hours:** Monday – Friday, 8:30am – 4:00pm
- **Filing Fee:** \$395

POLK COUNTY

- **Location:** 255 N. Broadway Ave., Bartow, FL 33830
- **Phone:** (863) 534-4000
- **Notes:** You may contact the local self-help center at (863) 534-4015.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

PUTNAM COUNTY

- **Location:** 410 St. Johns Ave., Palatka, FL 32177
- **Phone:** (386) 326-7600
- **Notes:** You may make an appointment for an attorney consultation by calling (386) 329-1911.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM

- **Filing Fee:** \$400

SANTA ROSA COUNTY

- **Location:** 6865 Caroline Street, Milton, FL 32570
- **Phone:** (850) 981-5552
- **Notes:** You may contact the local self-help center at (850) 981-5588.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

SARASOTA COUNTY

- **Locations:**
 - Main Office: 2000 Main Street, Room 102, Sarasota, FL 34237
 - Venice Branch: 4000 South Tamiami Trail, Venice, FL 34293
- **Phone:** (941) 861-7700
- **Notes:** Please call (941) 861-7700 to learn more about the local self-help center.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

SEMINOLE COUNTY

- **Location:** 301 North Park Avenue, Sanford, FL 32771
- **Phone:** (407) 665-4330
- **Notes:** You may contact the local self-help center at (407) 665-4277 or (407) 834-1660.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

ST. JOHNS COUNTY

- **Location:** 4010 Lewis Speedway, St. Augustine, FL 32084
- **Phone:** (904) 819-3600
- **Notes:** You may make an appointment for an attorney consultation at (904) 827-5631.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

ST. LUCIE COUNTY

- **Location:** 201 South Indian River Drive, Fort Pierce, FL 34950
- **Phone:** (772) 462-6900
- **Notes:** You may contact the local self-help center at (850) 864-8561.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

SUMTER COUNTY

- **Location:** 216 East McCollum Avenue, Bushnell, FL 33513
- **Phone:** (352) 569-6950
- **Notes:** You may contact the local self-help center at (352) 569-6959.
- **Office Hours:** Monday – Friday, 8:30 AM – 5:00 PM
- **Filing Fee:** \$400

SUWANNEE COUNTY

- **Location:** 200 South Ohio, MLK Jr Avenue, Live Oak, FL 32064
- **Phone:** (386) 362-0500
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM

- **Filing Fee:** \$400

TAYLOR COUNTY

- **Location:** 108 North Jefferson Street, Perry, FL 32348
- **Phone:** (850) 838-3506
- **Notes:** You may contact the local self-help center at (386) 758-2163.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

UNION COUNTY

- **Location:** 55 West Main Street, Lake Butler, FL 32054
- **Phone:** (386) 496-4245
- **Notes:** You may contact the local self-help center at (352) 374-3694.
- **Office Hours:** Monday – Friday, 8:00 AM – 5:00 PM
- **Filing Fee:** \$400

VOLUSIA COUNTY

- **Locations:**
 - Volusia County Courthouse: 101 N. Alabama Avenue, DeLand, FL 32724; (386) 736-5908
 - City Island Annex: 125 E. Orange Avenue, Daytona Beach, FL 32114; (386) 257-6083
 - New Smyrna Beach Annex: 124 North Riverside Drive, New Smyrna Beach, FL 32168; (386) 423-3304.
- **Notes:** You may make an appointment for an attorney consultation by calling (386) 626-6615 in DeLand or (386) 248-8182 in Daytona Beach.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

WAKULLA COUNTY

- **Location:** 3056 Crawfordville Hwy., Crawfordville, FL 32327
- **Phone:** (850) 926-0905
- **Notes:** You may contact the local self-help center at (850) 926-0300.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:00 PM
- **Filing Fee:** \$400

WALTON COUNTY

- **Location:**
 - Walton County Courthouse: 571 Hwy. 90 East, DeFuniak Springs, FL 32433; (850) 892-8115
 - South Walton County Courthouse: 31 Coastal Centre Blvd., Santa Rosa Beach, FL 32549; (850) 267-3066
- **Notes:** You may contact the local self-help center at (850) 864-8561.
- **Office Hours:** Monday – Friday, 8:00 AM – 4:30 PM
- **Filing Fee:** \$400

WASHINGTON COUNTY

- **Location:** 1293 Jackson Ave., Chipley, FL 32428
- **Phone:** (850) 638-6289
- **Notes:** You may contact the local self-help center at (850) 718-0480.

- **Office Hours:** Monday – Friday, 8:00 AM – 4:00 PM
- **Filing Fee:** \$400

**APPENDIX C: TEMPLATE FORMS FOR THE FLORIDA OFFICE OF VITAL
STATISTICS**



State of Florida
Department of Health – Office of Vital Statistics
APPLICATION FOR AMENDMENT TO FLORIDA BIRTH RECORD

IMPORTANT: Read the entire application form before completing. *TYPE OR PRINT*

Requirement for ordering: If you are an eligible applicant, complete and sign this application, state your relationship to registrant and provide a copy of valid photo identification. If you are an attorney representing an eligible person, you need only sign, provide professional license or bar number, indicate name of person whom you represent and their relationship to the registrant in the appropriate spaces below. If applicant is not an eligible person, an Affidavit to Release a Birth Certificate, DH Form 1958, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

NAME ON OR FOR NEW BIRTH RECORD OF REGISTRANT	FIRST	MIDDLE	LAST	SUFFIX		
NAME AS RECORDED ON CURRENT BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX		
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	AGE	STATE FILE NUMBER (IF KNOWN)	SEX
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN		COUNTY	FLORIDA
MOTHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)		SUFFIX	
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)		SUFFIX	

CHECK TYPE OF AMENDMENT:: Adoption Correction Legal Name Change Paternity Establishment

\$20.00 AMENDMENT PROCESSING FEE includes the issuance of ONE certification FEES ARE NONREFUNDABLE: See information entitled "Fees" on page 2.	Quantity 1	= 1	Amount \$20.00
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1 st additional certification: \$9.00	\$9.00	X	1	= \$9.00	\$
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Other additional certifications (after the 1 st additional certification) are \$4.00 each.	\$4.00	X		=	\$
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RUSH ORDERS (Optional): **\$10.00** per order. Envelope must be marked "RUSH".
 (Refer to information entitled Response Time) Yes No \$

TOTAL AMOUNT ENCLOSED: Check or money order payable to **Vital Statistics** in U.S. Dollars (**DO NOT SEND CASH**)
Florida Law imposes an additional service charge of \$15 for dishonored checks. \$

APPLICANT/MAILING INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO REGISTRANT
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY		STATE	ZIP CODE
DAYTIME PHONE NUMBER INCLUDING AREA CODE	ALTERNATE PHONE NUMBER INCLUDING AREA CODE		SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NUMBER	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT IIF NOT THE REGISTRANT AND THEIR RELATIONSHIP TO REGISTRANT			
EMAIL ADDRESS				

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER	CITY		STATE	ZIP CODE

INFORMATION AND INSTRUCTIONS FOR AMENDMENT TO BIRTH RECORD APPLICATION

Statute/Rule references may be accessed through the website address at the bottom of this form

FEES: The amendment-processing fee is nonrefundable, even if the amendment cannot be completed. In addition, it can only be applied to this case and cannot be credited or transferred to another case.

ELIGIBILITY: Pursuant to s. 382.025, Florida Statutes, except for those births occurring over 100 years ago that are not under seal, birth certificates are confidential and can be issued only to the registrant (the child named on the record) if of legal age (18), parent, guardian, or a legal representative of one of these persons or by court order. Events occurring over 100 years ago not under seal are public record and available to anyone providing fee and application.

REQUIREMENT FOR ORDERING: If applicant is self, parent or guardian, the applicant must provide a copy of valid photo identification. If guardian, a copy of appointment order must also be included. If legal representative, your attorney Bar ID number and the name and a notation of whom you represent must be included with your request. If not one of the above persons, you will need to complete and have notarized the Affidavit to Release a Birth Certificate, DH Form 1958, and submit with this Application for Amendment to Florida Birth Certificate, DH Form 429, or provide a court order. A release form is available from this office, most local vital statistics offices within the county health department and our website. Website address located at bottom of this form.

TYPES OF AMENDMENTS:

A. An amendment resulting from a court ordered action:

- Adoption (for assistance call (904)359-6900, ext.9001)
- Legal Name Change (for assistance call (904)359-6900, ext.9005)
- Paternity Establishment (for assistance call (904)359-6900, ext.9004)

B. An amendment made administratively pursuant to vital statistics law (Chapter 382, F.S) and rule authority (Chapter 64V-1 F.A.C.) (For assistance call (904)359-6900, ext.9005)

- Paternity Acknowledgement
- Correction resulting from a misspelling or typographical error or omission
- Correction of child's name
- Change to child's name within 1 year of birth. Note: A legal change of name issued pursuant to s. 68.07(4), Florida Statutes, is required to change the name after the 1st birthday UNLESS supporting documentation can be provided.

C. Putative Father:

This DH 429 form is not used for Putative Father related issues. For more information and assistance please visit our website below or call (904)359-6900, ext.9001.

Correction to a child's name resulting from a misspelling or a typographical error can be made at any time after the child's birth without supporting documentation.

Omissions of child's given name(s) may be made up to the child's 7th birthday without supporting documentation.

Corrections to a child's name (other than misspellings, typographical errors, or omissions) may be made only if documentary evidence supporting the correction can be provided. In all cases, such changes to a minor child's name will be made ONLY if both parents named on the birth record (if both are named) are in agreement and sign the required affidavit before a notarizing official. If both parents are not in agreement or not available to sign, the name can only be amended by a legal change of name (court order).

See s. 64V-1.002 and .003, Florida Administrative Code, for additional information defining our authority to make corrections to a birth record.

IMPORTANT: IF A NAME HAS BEEN CHANGED PREVIOUSLY ON THE BIRTH RECORD PURSUANT TO A COURT ORDER, I.E., BY ADOPTION, PATERNITY ACTION OR LEGAL NAME CHANGE, IT CAN ONLY BE CHANGED SUBSEQUENTLY THROUGH ANOTHER COURT ORDER.

RESPONSE TIME: Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed within two to three weeks. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; however, no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established by law or in rules of the department.

MAIL THIS APPLICATION WITH PAYMENT TO

DEPARTMENT OF HEALTH

OFFICE OF VITAL STATISTICS

ATTN: CORRECTION UNIT

P.O. BOX 210,

Jacksonville, FL 32231-0042

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE:

www.FloridaVitalStatisticsOnline.com



**State of Florida
Department of Health
Office of Vital Statistics**

**AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH
(READ INSTRUCTIONS ON BACK BEFORE COMPLETING AND SIGNING)**

REGISTRANT'S FULL NAME AT BIRTH		STATE FILE OR BIRTH NUMBER	
		109 -	
DATE OF BIRTH MONTH/DAY/YEAR	PLACE OF BIRTH/CITY OR TOWN	COUNTY	STATE FLORIDA
ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE	
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		STATE OF: _____	
		COUNTY OF: _____	
		Personally Known _____ or Produced Identification _____	
		Type Identification Produced	
SIGNATURE _____		_____	
SUBSCRIBED AND SWORN BEFORE ME THIS	_____	COMMISSION EXPIRES: _____	
_____ day of _____, 20____	Signature of Notary	SEAL	

	Printed Name of Notary		
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		STATE OF: _____	
		COUNTY OF: _____	
		Personally Known _____ or Produced Identification _____	
		Type Identification Produced	
SIGNATURE _____		_____	
SUBSCRIBED AND SWORN BEFORE ME THIS	_____	COMMISSION EXPIRES: _____	
_____ day of _____, 20____	Signature of Notary	SEAL	

	Printed Name of Notary		

INSTRUCTIONS – READ CAREFULLY

Any person who willfully and knowingly makes any false statement in a certificate, record, or report required by Chapter 382, Florida Statutes, or in an application for an amendment thereof, commits a felony of the third degree, punishable as provided in s. 775.084, Florida Statutes.

1. Complete only the upper half of the affidavit. This affidavit will be linked to the original birth certificate thus becoming part of the birth record. Therefore, when completing, please use black typewriter ribbon or print clearly using black ink.
 - a. REGISTRANT'S FULL NAME AT BIRTH – Enter the registrant's (person for whom the record is filed) name as it SHOULD APPEAR on the birth certificate.
 - b. STATE FILE NUMBER – Enter if known, otherwise, leave blank.
 - c. BIRTH DATE AND BIRTH PLACE – Enter correct date and place of birth of registrant.
 - d. COLUMN 1 "ITEM OMITTED OR IN ERROR" – List the item(s) in error. Child's Full Name, Mother's/Parent's Name prior to first marriage (if applicable), Father's/Parent's Name prior to first marriage (if applicable), Date of Birth, etc.
 - e. COLUMN 2 "BIRTH CERTIFICATE SHOWS" – Enter the information that is currently shown on the birth certificate.
 - f. COLUMN 3 "SHOULD BE" – Enter the correct information.
2. Affidavit must be signed by registrant if of legal age of 18 or if not of legal age by parent(s) or legal guardian in the presence of a notary public. IF CORRECTION IS TO BE REGISTRANT'S NAME AND THE REGISTRANT IS UNDER THE AGE OF 18, THE AFFIDAVIT MUST BE SIGNED BY BOTH MOTHER/PARENT AND FATHER/PARENT, BOTH SIGNATURES MUST BE NOTARIZED.

AFFIDAVIT IS NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.

**IF ASSISTANCE IS NEEDED IN CONNECTION WITH THIS AMENDMENT, CONTACT THIS OFFICE
AT (904) 359-6900, Ext. 9005.**

MAIL THIS APPLICATION WITH PAYMENT AND APPLICATION (DH 429) TO:

**DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
ATTN: CORRECTION UNIT
P.O. BOX 210,
Jacksonville, FL 32231-0042**

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE:

www.Floridahealth.gov