

STATE OF NEW JERSEY
 Department of Health Office of Vital Statistics and Registry

TRANSMITTAL OF COURT ORDER OF PATERNITY

INSTRUCTIONS: Complete this form and attach the Court Order of Paternity. The information provided on this form will be used to create an amended Birth Record for the Child named herein. This form should be completed by either the attorney representing the parent whose paternity is to be established or by the custodial parent of the child.

Mail this form for processing, along with the Court Order of Paternity, to:

**State Registrar of Vital Statistics
 Attention: Records Modification
 New Jersey Department of Health
 PO Box 370, Trenton, NJ 08625-0370**

Once processed, the previous Birth Record, the Court Order of Paternity, and this form, will be placed under seal in the office of the State Registrar of Vital Statistics.

You may request a Certified Copy of the amended Birth Record once it is created. There is a fee for a certified copy and information is available at <http://www.nj.gov/health/vital/order-vital>, or from the Registrar of the municipality where the birth occurred.

INFORMATION FROM ORIGINAL BIRTH RECORD			
Name of Child			
(First) (Middle) (Last)			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undesignated / Non-Binary	Date of Birth		Birthplace
	Mo.	Day	Yr.
Full Name of Mother (List name given at birth or on birth certificate/Maiden name)			
(First) (Middle) (Last)			
Full Name of Father (if Listed on Original Birth Certificate)			
(First) (Middle) (Last)			

INFORMATION FOR AMENDED BIRTH RECORD			
Amended Name of Child (as per Court Order)			
(First) (Middle) (Last)			
Full Name of Father (List name given at birth or on birth certificate)			Father's Social Security #
(First) (Middle) (Last)			
Current Name of Father, if Different			Father's Race
(First) (Middle) (Last)			
Father's Age at Birth of Child	Father's Date of Birth		Father's State or Country of Birth
	Mo.	Day	Yr.
Residence of Father at Time of Child's Birth			
(City) (County) (State)			
Present Address of Father			
(Street) (City, Township, or Boro) (County) (State) (Zip Code)			

PREPARED BY EITHER THE ATTORNEY REPRESENTING THE PARENT WHOSE PATERNITY IS TO BE ESTABLISHED OR BY THE CUSTODIAL PARENT OF THE CHILD	
Name of Individual Preparing Form	Relationship to Child
Signature	Date