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

# Report of Legal Change of Name

**(Important – read information and instructions on page 2 before completing this form)**

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**STATE OF FLORIDA**

Docket or File Number: _____

County of _____

Date of Court Order: _____

NAME as Decreed by Court:

_____

First Middle Last Suffix Married/Legal Last Name

Name of Petitioner: _____

First Middle Last Suffix

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Petitioner's Relationship to Person Whose Name Has Been Changed: _____

Mailing Address of Petitioner: _____

Street City State Zip Code

Name of Attorney, if applicable: _____

First Middle Last

Attorney's Mailing Address: _____

Street City State Zip Code

Signed and Sealed by: _____ Date:_____

Signature of Clerk of Court

# INSTRUCTIONS

**Pursuant to section 68.07(4), on filing the final judgment, the clerk shall, if the birth occurred in this state, send a report of the judgment to the Department of Health, Office of Vital Statistics. The form shall contain sufficient information to identify the original birth certificate of the person, the new name and the file number of the judgment.**

**Please type using black ink. Alteration of information by use of correction fluid or other methods will make this form unacceptable for filing by Vital Statistics and the form will be returned.**

**If the person whose name has been changed is female, please list both her legal name prior to first marriage and her legal last name under "Name as Decreed by Court." If name change is to restore a last name prior to first marriage, this report will not be attached to the original birth record, but will be retained in the files of the Office of Vital Statistics.**

**Provide the following information to identify the birth certificate of the person whose name has been changed.**

Name at Birth: _____
First Middle Last Suffix

Subsequent Name Change, if applicable: _____
First Middle Last Suffix

Date of Birth: _____ Place of Birth: _____
City County State

Mother's / Parent's name prior to first marriage (if applicable):

_____
First Middle Last Suffix

Father's / Parent's name prior to first marriage (if applicable):

_____
First Middle Last Suffix

## MAIL COMPLETED AND CERTIFIED FORMS 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



Print Clear Form