



**Commonwealth Healthcare Corporation  
Health & Vital Statistics Office  
BIRTH RECORD AMENDMENT APPLICATION FORM**



**INSTRUCTION**

Use this form to add or change information on a Northern Mariana Islands birth record. The amendment fee is \$15.00. Make check or money order payable to the Commonwealth Healthcare Corporation (CHCC). With your application, you must send payment including documents, copy of photo identifications that support the changes you are requesting (**Photo ID of registrant and requestor is required**).

**CAUTION:** Pursuant to 1CMC § 26025 of the Vital Statistics Act, a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, shall be imposed on any person who willfully and knowingly provides statement on an application for an amendment under false or fraudulent purposes.

**REGISTRANT INFORMATION**

REGISTRANT'S INFORMATION	First Name		Middle Name	Last Name	Suffix
	Date of Birth	Sex	Place of Birth (City, State)		
MOTHER'S / PARENT'S NAME	First Name		Middle Name	Last Prior to First Marriage (if applicable)	Suffix
	Ethnicity		Place of Birth (City, State)		
FATHER'S / PARENT'S NAME	First Name		Middle Name	Last Prior to First Marriage (if applicable)	Suffix
	Ethnicity		Place of Birth (City, State)		

<b>WHAT ITEM(S) DO YOU WANT TO AMEND?</b> List each item separately	<b>HOW DO YOU WANT THE INFORMATION TO SHOW ON THE NEW CERTIFICATE?</b>

**REQUESTOR INFORMATION – Information about you – What is your relationship to the registrant?**

- I am the person named on the record – you must be 18 years-old or older (if you have a court order, you must be the requestor – not your parent)
- I am a parent listed on the record
- I am a legal guardian or legal representative (provide a certified copy of a U.S. court order to show this relationship)

YOUR FULL NAME			YOUR DATE OF BIRTH		
MAILING ADDRESS		CITY	STATE		ZIP CODE
TELEPHONE NUMBER	CELLULAR NUMBER	E-MAIL ADDRESS			

*I certify that the information provided on this application is accurate and complete to the best of my knowledge.*

**PLEASE STOP! YOU MUST SIGN THIS FORM INFRONT OF A NOTARY.**

_____	COMMISSION EXPIRES: _____
SIGNATURE	
Sworn to/affirmed before me on ____ day of _____, 20____	NOTARY SEAL
_____	
Printed name of notary public	Notary public signature

**HEALTH & VITAL STATISTICS OFFICE USE ONLY**

STATE FILE NUMBER: _____	Amendment Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Requested: _____ Date Received: _____	
Document Source: _____	Signature of Official _____ Date Signed _____
Note: If not approved, Registrar is required by law to state in writing as to the reasons why amendment was not approved.	

BRAAF-001\_20210707

**INSTRUCTIONS – READ CAREFULLY**

Pursuant to 1CMC § 26025 of the CNMI Vital Statistics Act, a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, shall be imposed on any person who willfully and knowingly provides statement on an application for an amendment under false or fraudulent purposes.

1. 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 INFORMATION: Enter the registrant’s (person for whom the record is filed) FIRST NAME, MIDDLE NAME, LAST NAME, SUFFIX, DATE OF BIRTH, SEX, CITY AND STATE OF BIRTH on the birth certificate.
  - b) MOTHER’S/PARENT’S NAME: Enter the mother’s/parent’s information (if adopted, enter adopted mother’s/parent’s current information and last name prior to first mirage) in this section.
  - c) FATHER’S/PARENT’S NAME: Enter the father’s/parent’s information (if adopted, enter adopted father/parent information and last name prior to first marriage if applicable) in this section.
  - d) COLUMN 1 **“What Item(s) do you want to amend?”** – List the item(s) you want to amend.
  - e) COLUMN 2 **“How Do You Want the Information to Show on The New Certificate?”** – List item(s) how it SHOULD APPEAR on the new certificate.
  - f) REQUESTER INFORMATION: Enter your information in detail and your relationship to the registrant.
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.
3. This affidavit is sufficient for some minor corrections. However, many corrections must be supported by submission of documentary evidence:
  - Court order
  - Birth certificate
  - School Record
  - Social Security Record
  - Passport, Military Record, Driver License
  - Municipal ID
  - Voting Registration Record or ID
  - Real ID

**AFFIDAVIT IS NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.**

**IF ASSISTANCE IS NEEDED IN CONNECTION WITH THIS AMENDMENT, CONTACT THIS OFFICE**

**AT (670) 236-8717 or (670) 234-8950 ext: 2141.**

**MAIL THIS APPLICATION WITH PAYMENT AND APPLICATION (BRAAF-001) TO:**

**COMMONWEALTH HEALTHCARE CORPORATION**

**HEALTH AND VITAL STATISTICS OFFICE**

**P.O. BOX 500409,**

**Saipan, Northern Mariana Islands, MP 96950**