

STATE OF TENNESSEE

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

NOTIFICATION OF ORDER OF PARENTAGE AND APPLICATION
FOR A NEW BIRTH CERTIFICATE
TENNESSEE CODE ANNOTATED § 36-2-113 AND 68-3-310

Name of Court: County:

Date: State:

Docket Number: Date of Decree:

SECTION I INFORMATION CONCERNING CHILD

Name of Child Prior to Court Order: Social Security Number:

Date of Birth: Place of Birth: Sex:

SECTION II INFORMATION FOR NEW CERTIFICATE OF BIRTH

Name of Child: As Determined by Court

FATHER OF CHILD

MOTHER OF CHILD

Full Name:

Full Legal Name:

Date of Birth:

Full Maiden Name:

Birthplace:

Date of Birth:

Residential Address:

Residential Address:

Mailing Address (if different):

Mailing Address (if different):

Home Telephone Number:

Home Telephone Number:

Social Security Number:

Social Security Number:

Driver's License Number:

Driver's License Number:

Employer:

Employer:

Employer's Address:

Employer's Address:

Employer's Telephone Number:

Employer's Telephone Number:

Health Insurance:

Health Insurance:

Policy Number:

Policy Number:

INSTRUCTIONS

- 1. A new certificate of birth will be prepared in accordance with the law upon the completion and submission of this form and a certified copy of the court's order of parentage.
2. Enclose the \$27.00 fee required for preparation and issuance of a new birth certificate. Make check payable to Tennessee Vital Records.
3. Mail to:

TENNESSEE VITAL RECORDS
421 5TH AVENUE NORTH
1ST FLOOR, CENTRAL SERVICES BLDG
NASHVILLE, TN 37247-0450

IV-D Approved