
(Date)

Registrar
New Mexico Health Department Vital Records
P. O. Box 26110
Santa Fe, NM 87502-6110

Dear Sir/Madam:

I have recently changed the name of my minor child (under 14 years of age) and would like to amend my child's birth certificate. My child's former name was _____ and my child was born in _____ County on the _____ day of _____, 20__.

I have enclosed a certified copy of the Order changing name and a check or money order for \$20.00. Please send me a copy of my amended birth certificate.

Sincerely,

(Your Signature)

(Your Name)

(Address)

(City, State and Zip Code)