



**TENNESSEE DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS  
NOTIFICATION OF ORDER OF PARENTAGE AND APPLICATION  
FOR A NEW BIRTH CERTIFICATE  
Tennessee Code Annotated Sections 36-2-313 and 68-3-310**

Name of Court \_\_\_\_\_ Today's Date \_\_\_\_\_  
County of \_\_\_\_\_ City of \_\_\_\_\_ State of \_\_\_\_\_  
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 \_\_\_\_\_  
CITY COUNTY STATE

**SECTION II INFORMATION FOR NEW CERTIFICATE OF BIRTH**

Name of Child \_\_\_\_\_  
As Determined by Court First Middle Last

**FATHER OF CHILD**

**MOTHER OF CHILD**

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Birthplace \_\_\_\_\_  
STATE OR FOREIGN COUNTRY  
Residential Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Telephone Number \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Policy Number \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
Full Maiden Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Residential Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Telephone Number \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
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 \$30.00 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 37243**