



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

DATE: March 13, 2015

TO: Regional Managing Directors
Community-Based Care Chief Executive Officers
Children's Legal Services Managing Regional Directors

FROM: Traci Leavine, Director of Child Welfare Practice
Grainne O'Sullivan, Director of Children's Legal Services *SZ for GO*

SUBJECT: Paternity Establishment and Requirements to Secure Amended Birth Certificates

PURPOSE: This memorandum has two purposes. The first is to provide information about paternity establishment for children in out-of-home care. The second is to inform about the agreement that the Department's Office of Child Welfare and Department of Revenue, Child Support Program has reached with the Department of Health, Office of Vital Statistics (OVS), where the Department and Community-Based Care agencies will not be charged the \$20 fee for issuance of an amended birth certificate whenever paternity is established for a Florida born child in out-of-home care.

BACKGROUND: In any proceeding for adoption, dissolution of adoption, affirmation of parental status or determination of paternity, statute (s. 382.015, F.S.) requires that the Clerk of Court forward to the Office of Vital Statistics (OVS) a certified copy of the court order, or a report of the proceedings together with sufficient information to identify the original birth certificate and to enable the preparation of a new birth certificate. The Department of Health's Form DH-673 is the form upon which the information is sent to OVS to update the child's birth certificate.

Florida has a vested interest in ensuring that children who are the subject of the adoption or determination of paternity have their Florida birth record information updated in accordance with Florida Statutes. The State is required to meet a Paternity Establishment Percentage of 90% each year to avoid the Department from being penalized through a reduction to its Temporary Assistance for Needy Families (TANF) block grant (see 45 Code of Federal Regulations section 305.40). The Paternity Establishment Percentage for Florida is determined by identifying the number of children for whom paternity has been established and recorded for Florida born children during the calendar year compared to the total number of children born in Florida out of wedlock during the previous calendar year.

The number of children for whom paternity is established or adoption is confirmed through dependency is significant enough to impact the State's Paternity Establishment Percentage. Therefore, we want to ensure the children's birth records are updated timely.

Currently, OVS charges a fee of \$20 to issue an amended birth certificate. This fee has been identified as a barrier to obtaining amended birth certificates for children in our care. The Department of Health, Office of Vital Statistics (OVS) has agreed the Department and

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

Community-Based Care agencies will not be charged the \$20 fee for issuance of an amended birth certificate whenever paternity is established for a Florida born child in out-of-home care.

ACTION REQUIRED: The following action is required:

(1) The Department and CBCs must seek an amended Florida Birth Certificate on at least the two following occasions:

- a. In a dependency action when the court determines that someone is the child's father, but he is not yet listed on the child's birth certificate.
- b. As part of a termination of parental rights action when the court determines that some man who is not listed on the child's birth certificate is the father. (It may seem odd to amend a birth certificate only to turn around and terminate that man's rights, but the termination is a separate issue from whether he actually was the child's father.)

(2) Children's Legal Services (CLS) and the CBC lead agency must develop a process that ensures the DH-673 is completed with documentation and forwarded to OVS within 30 days of the date paternity was established. The local process must be developed and sent to the contract manager no later than March 30th.

(3) Lead agencies must inform case management of the waiver for the \$20 fee when seeking an amended birth certificate for a child in out-of-home care and on the process and established protocol for paternity establishment and obtaining an amended birth certificate.

The process for obtaining an amended birth certificate requires completion of sections A and B of Form DH-673 form, Certified Statement of Final Judgment of Paternity (copy attached). When completing the DH-673, the letters "**CW**" **must be written** on the top right corner. Refer to the attached sample. OVS will not charge the \$20 fee when issuing an amended birth certificate for situations where the DH-673 has "**CW**" in the top right corner. The DH-673 form is available on the Department of Health's web site at <http://www.floridahealth.gov/certificates/certificates/publications-page.html>

CONTACT INFORMATION: Please contact Deborah Schroth, Children's Legal Services at 850-524-5815 or email Deborah at deborah.schroth@myflfamilies.com or Sallie Bond, Office of Child Welfare at (850) 717-4657 or email sallie.bond@myflfamilies.com if you have questions on this matter.

Attachments

cc: Family and Community Services Administrators
Contract Managers
QA Managers



Department of Health
Office of Vital Statistics

CW

Certified Statement of Final Judgment of Paternity

Paternity Establishment/Paternity Disestablishment

(Please refer to instructions on page 2)

Check appropriate action: Paternity Establishment [X] Paternity Disestablishment []

Department of Revenue/Child Support Enforcement Action: Yes [] No [X]

A. INFORMATION FROM ORIGINAL BIRTH RECORD (Attach a Photocopy or Screen Print)

State of Birth: Florida Birth Number (if known): 2015-123456

Full Name of Child: Susie Marie Que Sex: Female

Date of Birth: 02/14/2015 Place of Birth: Tallahassee Leon

Name of Father: NO FATHER NAMED

Maiden Name of Mother: Mary Susan White Jones

B. INFORMATION FOR NEW CERTIFICATE

NOTE: If child's name is to be changed as part of this paternity action, it MUST be included in the court order and entered below as shown in the court order.

Full Name of Child: Susie Marie Que

Full Name of Father: Michael Jonathan Smith

Date of Birth of Father: 10/10/1970 Place of Birth of Father: Georgia

Name and mailing address of custodial parent: Mary Susan White

123 Black Street Tallahassee Florida 32111

Father's Social Security No.: 123-45-6789 Mother's Social Security No.: 234-56-7890

Attorney's Name (if applicable) OR person completing form: CLS attorney name Phone Number: (850) 123-4567

Address: CLS address Tallahassee Florida 32111

X [Signature] 123456

C. CERTIFICATE OF CLERK OF CIRCUIT COURT

On the ___ day of ___, A.D. 20___, the Circuit Court of ___

County, Judge ___ presiding, ordered a Judgment of Paternity in the case of the child and parents described above.

Signed and Sealed by ___ Court Docket No. ___ Date: ___

SAMPLE

State of Florida
Department of Health
Bureau of Vital Statistics
P. O. Box 210
Jacksonville, Florida 32231-0042

INSTRUCTIONS

(Important: Please complete ALL items requested. Omissions will cause delay in filing.)

THIS FORM IS TO BE USED FOR ESTABLISHING PATERNITY OR DISESTABLISHING PATERNITY

Prompt submission of this statement, properly completed, together with a copy or abstract printout issued off the OVS database of the original birth certificate, will help expedite the filing of a new birth certificate.

ATTORNEY, CHILD SUPPORT ENFORCEMENT OR PERSON ACTING PRO SE: Complete Sections A and B of this form and attach a copy or abstract issued off the OVS database of the original birth certificate and forward to the Clerk of the Circuit Court prior to the date of final judgment of paternity.

Be sure to enter the child's name, as it is to appear on the new birth certificate under Section B. If child's name is to be changed as part of the court action, it must be included in the order and entered in Part B. We will enter on the new certificate, the name as indicated on this form. For example, if only an initial shown for a given name, only an initial will be recorded, if a given name omitted or wrong surname shown, the new record will be prepared showing a given name omitted or wrong surname. In other words, the new record will be prepared based on the information shown for child's name contained in Part B which must agree with the information contained in the court order. Should a discrepancy occur between what is on the DH 673 and what is contained in the court order in regard to name of child, the actual order shall take precedence over the DH 673. A change to child's name as shown in the court order will require that the court order be amended or that the child's name be changed pursuant to s. 68.07, Florida Statutes.

DISESTABLISHMENT: If this is a paternity disestablishment based on legislation (ch.2006-265, Fla. Laws) and the father listed on the birth certificate as indicated in Section A is to be removed from the birth certificate, please write the wording "REMOVE FATHER" in the space provided in Section B "Full Name of Father".

CLERK OF THE CIRCUIT COURT: Pursuant to s.382.015, F.S., it is the duty of the Clerk of the Circuit Court to forward this form to the Department within 30 days after the final judgment of paternity. Sections A and B must have been completed prior to the certification by the court. The Clerk of the Circuit Court should complete Section C certifying to the information contained thereon and mail this form, together with a copy or screen print of the original birth certificate to the Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042.

GENERAL INFORMATION

Upon receipt of this DH 673, Certified Statement of Final Judgment of Paternity from the Clerk of the Circuit Court, together with all necessary information contained thereon, the State Registrar will make and file a new birth certificate that will bear the same file number as the original certificate.

Fee: Except for Title IV-D, Child Support Enforcement cases, an amendment fee of \$20.00 is required. A new birth certificate will be placed on file prior to receipt of this fee. However, certification of the new certificate will not be issued until such fee has been paid. This fee includes the issuance of one certification of the new certificate. Title IV-D, Child Support Enforcement cases are not assessed an amendment fee. However, if certification of the new certificate is requested, a fee of \$9.00 is required.

TO OBTAIN A SUPPLY OF THIS FORM:
Write to Florida Department of Health, Bureau of Vital Statistics,
ATTN: Administrative Services - Purchasing,
P. O. Box 210, Jacksonville, Florida 32231-0042
and request the quantity of the DH 673 desired.



Department of Health
Office of Vital Statistics

CW

Certified Statement of Final Judgment of Paternity

Paternity Establishment/Paternity Disestablishment

(Please refer to instructions on page 2)

Check appropriate action: Paternity Establishment Paternity Disestablishment

Department of Revenue/Child Support Enforcement Action: Yes No

A. INFORMATION FROM ORIGINAL BIRTH RECORD (Attach a Photocopy or Screen Print)

State of Birth: Florida Birth Number (if known): 2015-123456
Full Name of Child: Susie Marie Que Sex: Female
(First) (Middle) (Last)
Date of Birth: 02/14/2015 Place of Birth: Tallahassee Leon
(Month, Day, Year) (City) (County)
Name of Father: NO FATHER NAMED
If no father's name on original, enter 'NO FATHER NAMED'
Maiden Name of Mother: Mary Susan White Jones
(First) (Middle) (Last) Maiden

B. INFORMATION FOR NEW CERTIFICATE

NOTE: If child's name is to be changed as part of this paternity action, it MUST be included in the court order and entered below as shown in the court order. See additional information in Paragraph 2 on page 2.

Full Name of Child: Susie Marie Que
(First) (Middle) (Last)
Full Name of Father: Michael Jonathan Smith
(First) (Middle) (Last)
Date of Birth of Father: 10/10/1970 Place of Birth of Father: Georgia
(Month, Day, Year) (State)
Name and mailing address of custodial parent: Mary Susan White
(First) (Middle) (Last)
123 Black Street Tallahassee Florida 32111
(Street or P. O. Box) (City) (State) (Zip Code)
Father's Social Security No.: 123-45-6789 Mother's Social Security No.: 234-56-7890
Attorney's Name (if applicable) OR person completing form: CLS attorney name Phone Number: (850) 123-4567
Address: CLS address Tallahassee Florida 32111
(Street or P. O. Box) (City) (State) (Zip Code)
X (Signature of Attorney OR person completing form) 123456
(If Attorney - Provide Bar Number)

C. CERTIFICATE OF CLERK OF CIRCUIT COURT

On the _____ day of _____, A.D. 20____, the Circuit Court of _____
County, Judge _____ presiding, ordered a Judgment of Paternity in the case of the child and
parents described above.

Signed and Sealed by _____ Court Docket No. _____ Date: _____
(Clerk of the Circuit Court)

SAMPLE