



Department of Health
Office of Vital Statistics

Certified Statement of Final Judgment of Paternity

Paternity Establishment/Paternity Disestablishment

(Please refer to instructions on reverse side)

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: Birth Number (if known):

Full Name of Child: (First) (Middle) (Last) Sex:

Date of Birth: (Month, Day, Year) Place of Birth: (City) (County)

Name of Father: If no father's name on original, enter 'NO FATHER NAMED'

Maiden Name of Mother: (First) (Middle) (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 the reverse side of this form.

Full Name of Child: (First) (Middle) (Last)

Full Name of Father: (First) (Middle) (Last)

Date of Birth of Father: (Month, Day, Year) Place of Birth of Father: (State)

Name and mailing address of custodial parent: (First) (Middle) (Last)

(Street or P. O. Box) (City) (State and Zip Code)

Father's Social Security No.: Mother's Social Security No.:

Attorney's Name (if applicable) OR person completing form: Phone Number:

Address: (Street or P. O. Box) (City) (State and Zip Code)

(Signature of Attorney OR person completing form) (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)

State of Florida
Department of Health
Office 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 State of Florida, Department of Health, Office of Vital Statistics, ATTN: Administrative Services – Purchasing, P. O. Box 210, Jacksonville, Florida 32231-0042 and request the quantity of the DH 673 desired.