

**THE HONORABLE ALLISON S. BOYD
JUDGE OF PROBATE – SHELBY COUNTY
P.O. BOX 825
COLUMBIANA, ALABAMA 35051**

KIMBERLY A. MELTON, CHIEF CLERK

TELEPHONE: (205) 670-5210

INSTRUCTIONS FOR LEGITIMATIONS, SHELBY COUNTY

- 1. The Petitioner must complete both the Declaration of Legitimation and Information Sheet, and have two witnesses sign where indicated on the Declaration or execute said petition in the presence of the Judge of Probate.**
- 2. If the mother of the child is consenting to the legitimation she must sign the Waiver, Declaration and Consent of Mother form in the presence of a Notary Public.**
- 3. The minor child must sign the Consent of Minor if 14 years of age or above in the presence of a Notary Public.**
- 4. A certified copy of the birth certificate must be filed with the Court. The certification cannot be more than 30 days old.**
- 5. Proof of Residency**
- 6. The Father must call (205) 670-5210 to make an appointment to meet with the Chief Clerk to take sworn testimony. The Father's government issued photo identification must be presented at the time of the hearing.**
- 7. Filing fee of \$60.00 is required at the time of filing. Additional charges may be charged at the informal hearing.**

PLEASE NOTE IN ORDER TO DO A LEGITIMATION THERE CANNOT BE A FATHER LISTED ON THE BIRTH CERTIFICATE NOR CAN IT SAY MOTHER REFUSED.

IN THE PROBATE COURT OF SHELBY COUNTY, ALABAMA

IN THE MATTER OF THE LEGITIMATION)
)
OF: _____)
)
BY: _____)
)

CASE NO.: _____

DECLARATION OF LEGITIMATION

TO THE HONORABLE ALLISON S. BOYD
JUDGE OF PROBATE, SHELBY COUNTY, ALABAMA

I, _____, a resident of _____
County, State of Alabama, do hereby make a declaration in writing that I am the father of
_____, who is a ()male ()female child, who was born in
_____ County, _____ (State), on the ___ day of _____,
_____, and whose mother is _____ (full, maiden name); that said
child was born out of wedlock and that I hereby recognize the said child is my own, capable of
inheriting my estate, real and personal, as if born in wedlock. I further make the declaration that I
request said child's name to:

- () be changed to _____; or
- () remain the same.

In testimony whereof, I hereunto subscribe my name on this ___ day of _____,
_____.

WITNESSES:

Father's signature

Address: _____

STATE OF ALABAMA
COUNTY OF SHELBY

I, Allison S. Boyd, Judge of Probate in and for said County in said State, to hereby certify that _____, whose name is signed to the foregoing declaration of legitimation, and who is known to me, acknowledged before me on this day, that being informed of the contents of the declaration of legitimation, he executed the same voluntarily on the date the same bears date.

Given under my hand and official seal this _____ day of _____, _____.

Allison S. Boyd
Judge of Probate, Shelby County

IN THE PROBATE COURT OF SHELBY COUNTY, ALABAMA

IN THE MATTER OF THE LEGITIMATION

OF: _____)

BY: _____)

CASE NO.: _____

WAIVER, DECLARATION, AND CONSENT OF MOTHER

Comes now, _____, and shows unto the Court as follows:
That I am a resident of Shelby County, State of Alabama, and of legal age and am the mother of
_____ born in _____
County, State of _____, on _____.

I certify that I am aware of the contents of the Declaration of Legitimation filed by
_____ and that the facts stated therein are true and correct.

I hereby accept service of notice of the filing of the Declaration of Legitimation and waive notice
of any and all proceedings in this cause, both in the matter of the proposed legitimation and of the
proposed change of name of said child, such waiver of notice being made both on behalf of myself as the
mother of said child and as the person having custody of said child.

I consent to the Legitimation of my child, _____, by
_____ and consent to child's name:

() being changed to _____; or

() remaining the same

as requested in the Declaration of Legitimation filed by _____.

I make this waiver, declaration, and consent freely and voluntarily.

This the _____ day of _____, _____.

Mother's Signature

Address: _____

Subscribed and sworn to before me this the _____ day of _____, _____.

Notary Public

My Commission Expires: ___/___/_____

IN THE PROBATE COURT OF SHELBY COUNTY, ALABAMA

IN THE MATTER OF THE LEGITIMATION

OF: _____)

)

CASE NO.: _____

BY: _____)

CONSENT OF MINOR

I, _____, date of birth _____, do hereby consent to my legitimation by _____ . I further desire that my name:

() be changed to _____

() remain the same.

This the _____ day of _____, _____.

Minor's Signature

Address: _____

Subscribed and sworn to before me this the _____ day of _____, _____.

Notary Public

My Commission Expires ___/___/___

**ALABAMA CENTER FOR HEATH STATISTICS
PROBATE LEGITIMATION INFORMATION SHEET &
REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE**

Send this form with court order to:
Center For Health Statistics, P.O. Box 5625, Montgomery, AL 36103-5625

I. Child's Information

Full name at birth: _____
(Capitalize last name)

Full name after legitimation: _____
(Capitalize last name)

Date of birth: _____ County of birth: _____

II. Mother's Information

Full maiden name: _____

Current legal name: _____

Date of birth: _____

Mailing Address: _____

Telephone number: (_____) _____

III. Father's Information

Full name: _____

Date of birth: _____ State of birth: _____

Mailing Address: _____

Telephone number: (_____) _____

IV. Applicant Section (To obtain a certified copy of the new birth certificate.)

The fee is \$25.00, which includes one copy of the certificate. This fee must be paid before a new certificate is issued. Additional copies of the same record ordered at the same time are \$6.00 each. Payment must be made by check or money order payable to the **State Board of Health**. # Copies: _____ Amt. Paid: \$ _____

Signature of mother or father: _____

Send birth certificate to (check one): Mother () Father () at address above.