

**AFFIDAVIT TO CORRECT A BIRTH CERTIFICATE**

<b>Name at birth</b>			
<b>Date of birth</b>		<b>County of birth</b>	

CLEARLY PRINT OR TYPE INFORMATION TO BE CORRECTED. Please look to see which boxes are marked on the front and back of this form or follow any additional instructions that may be enclosed. To make the changes indicated below, one or more signatures are required in the presence of a **Notary Public**.

Item # or entry to be corrected	Original record now shows	Corrected item should show

**Registrant, Mother/Parent A, Father/Parent B/Guardian:** Sign your name **ONLY** in the presence of a Notary Public. Registrant must sign if age 18 or older. Mother's and/or father's signatures are not required if registrant is age 18 or older.

Please list your telephone number in case we should need to contact you. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I, (we), do hereby declare that this affidavit is made in order to provide a true and correct record of birth as indicated above. It is a Class C felony for any person to make any false statement or supply false information in an application for an amendment of a birth record.**

**Registrant or Guardian**  
(attach original/certified proof of guardianship)

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Notary signature: \_\_\_\_\_

Seal/Stamp

**Mother or Parent A**

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Notary signature: \_\_\_\_\_

Seal/Stamp

**Father or Parent B**

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 Notary signature: \_\_\_\_\_

Seal/Stamp

**Medical record/Birth clerk**

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Hospital/Facility: \_\_\_\_\_  
 Date signed: \_\_\_\_\_

**NOTARY INSTRUCTIONS:** If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

