



STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST INSTRUCTIONS

1. Clearly print with a black pen or type all information.
2. Place a check mark by the record you are seeking to correct.
3. Any alterations, use of white-out or cross-outs will void this affidavit.
4. **"Relationship"** refers to the applicant's relationship to the individual named on the record, for example, husband, mother, hospital birth clerk, daughter or individual serving as power of attorney.
5. **"What you want corrected"** should indicate the item (e.g., child's first name, mother's date of birth, father's place of birth, marital status).
6. This form must be signed in the presence of a notary public. Notary publics are available at most banks and currency exchanges for a minimal fee.
7. The following is a list of documents to include:
 - Original affidavit signed by the person completing the affidavit.
 - A \$15 check or money order made payable to IDPH for one certified copy of the corrected record.
 - A copy of a non-expired, government issued photo ID of the person completing the affidavit.
 - Documentation required to complete the correction requested. Please visit our website at <http://www.idph.state.il.us/vitalrecords/correctioninfo.htm> for more information concerning the types of documents needed.
 - Return all documents to:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Vital Records
925 E. Ridgely Ave.
Springfield, IL 62702-2737

If you have additional questions, please e-mail them to dph.vitals@illinois.gov





STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST

Requesting correction to: Birth Stillbirth/FetalDeath Death

I, _____ being duly sworn, deposes and says under
(name of applicant completing the affidavit)
 penalty of perjury, that my relationship to the individual named in the record is _____.
(relationship such as self, mother, son, funeral director)

I further affirm that: **FIRST**; *the information below lists the particulars of the record in question.*

Name currently on record _____

Place of birth **or** death _____ Date of birth **or** death _____
(facility, city and county) (month, day and year)

Mother/Co-parent's legal name prior to first marriage/civil union _____

Father/Co-parent's legal name prior to first marriage/civil union _____
(if listed on the record)

SECOND; *the following information is incorrect or missing and should be corrected as follows:*

What you want corrected	How it reads now	How it should read
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(if additional room is needed, complete another affidavit/request form)

THIRD; *that the applicant's current address is:*

Street address, apartment, floor, or suite number _____

City, state and ZIP code _____ Date signed _____

Written signature _____
(of applicant completing the affidavit)

Subscribed and sworn to before me this _____ **day of** _____, 20 _____
in _____ **County.**

NOTARY SEAL

(Notary Public)

DO NOT WRITE BELOW THIS LINE.

_____ Date made _____
 _____ Date made _____
 _____ Date made _____
 _____ Date made _____

Accepted for filing on the _____ day of _____ 20 _____ By _____
 Title _____