



## 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. If an error is made, start over with a new blank form.
4. **Current Legal name** means the name used at the time of the child's birth (i.e. the name after marriage, after a court ordered name change or after a naturalization. This could also be the maiden name.).
5. **Name prior to first marriage/civil union** refers to the name given at birth; the maiden name or name that appears on a person's birth record.
6. **"Relationship"** refers to the applicant's relationship to the individual named on the record, for example, husband, mother, hospital birth clerk, daughter, individual serving as power of attorney or self.
7. **"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).
8. 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.
9. The following is a list of documents to include:
  - Original affidavit signed by the person requesting the correction.
  - A \$15 check or money order made payable to IDPH.
  - A copy of a non-expired, government issued photo ID of the person requesting the correction.
  - 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, e-mail them to [dph.vitals@illinois.gov](mailto:dph.vitals@illinois.gov)



### STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST

Requesting correction to:     Birth             Stillbirth/Fetal Death             Death

I, \_\_\_\_\_ being duly sworn, deposes and says under  
(current legal name of applicant completing the affidavit)  
penalty of perjury, that my relationship to the individual named on 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 name **prior** to first marriage/civil union \_\_\_\_\_

Father/Co-parent's 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:**

(Make sure to specify if you want to correct **Current Legal Name** or **Name Prior to First Marriage/Civil Union**)

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 \_\_\_\_\_