

## State of West Virginia Department of Health & Human Resources, Bureau for Public Health Vital Registration Office

## AFFIDAVIT TO CORRECT BIRTH CERTIFICATE OF MINOR

State of	County of_	
INFORMATION AS I	T APPEARS ON ORIGINAL CEI	RTIFICATE OF BIRTH:
Date of Birth Place of Birth Father's Name	e	
whose birth facts are lis West Virginia Bureau f certificate of birth shou		ving corrections:
Notar	ry Seal	(Father's Signature)  (Mother's Signature)  (Address)  (City, State, Zip)
SUBSCRIBED AND S	SWORN TO BEFORE ME THIS _	DAY OF,20
My Commission Expire	es	(Notary Public)

Vital Registration/Corrections Unit PO Box 11012 Charleston, WV 25339-1012