

WV DHHR - VITAL REGISTRATION OFFICE
AFFIDAVIT TO CORRECT WEST VIRGINIA BIRTH CERTIFICATE
INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE:

Name as recorded: _____

Date of birth: _____

City & County of birth: City _____ County: _____

Father's name: _____

Mother's maiden name: _____

ITEMS TO BE CORRECTED OR ADDED:

_____ Should Read _____

_____ Should Read _____

_____ Should Read _____

_____ Should Read _____

_____ Should Read _____

THE FOLLOWING AFFIDAVIT IS TO BE SIGNED BY THE PERSON WHOSE BIRTH CERTIFICATE IS TO BE CORRECTED (OR BY PARENT IF UNDER 18):

I, _____, born _____
(Name - please print) *(Date of Birth)*

and residing at _____,
(Address)

being first duly sworn say that, to the best of my knowledge, the foregoing facts are true and correct.

Signature: _____

Date Signed: _____

Signature of NOTARY PUBLIC: _____



Notary Stamp or Seal

Commission expires: _____

Submit to:

ATTN: Corrections Unit
Vital Registration Office
PO Box 11012
Charleston, WV 25339-1012

Revised 07.31.2002