

STATE OF NEVADA  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 HEALTH DIVISION—OFFICE OF VITAL RECORDS

- BIRTH  
 DEATH

St. Affidavit No. ....  
 St. Certificate No. ....  
 Local Registration No. ....

**AFFIDAVITS FOR CORRECTION OF A RECORD**

<b>INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE</b>	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME
	2. SEX	3. DATE OF BIRTH / DEATH	4. PLACE OF OCCURRENCE (City or County)		
	5. NAME OF FATHER			6. MAIDEN NAME OF MOTHER	

<b>STATEMENT OF CORRECTIONS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE

<b>WHY ARE CORRECTIONS NECESSARY?</b>	9.

<b>OATH OF FIRST WITNESS</b>	<b>OATH OF SECOND WITNESS</b>
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10. I hereby certify that I have personal knowledge of the above facts and that the information given above is true and correct. Signature of First Witness:	14. I hereby certify that I have personal knowledge of the above facts and that the information given above is true and correct. Signature of Second Witness:
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11. AGE OF WITNESS	12. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED	15. AGE OF WITNESS	16. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED
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13. ADDRESS OF WITNESS (Street, City, State, Zip)	17. ADDRESS OF WITNESS (Street, City, State, Zip)
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State of.....  County of.....  Signed and sworn to (or affirmed) before me on ..... <span style="margin-left: 350px;">Date</span>  by ..... <span style="margin-left: 100px;">Type or print Affiant's name</span>  ..... <span style="margin-left: 100px;">Notary Public Signature</span>	State of.....  County of.....  Signed and sworn to (or affirmed) before me on ..... <span style="margin-left: 350px;">Date</span>  by ..... <span style="margin-left: 100px;">Type or print Affiant's name</span>  ..... <span style="margin-left: 100px;">Notary Public Signature</span>
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<b>FOR USE OF STATE OR LOCAL REGISTRAR</b>	18. DATE ACCEPTED	20. DOCUMENTATION USED
	19. REGISTRAR	

**PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM**

## INSTRUCTIONS

To correct a **BIRTH CERTIFICATE**, *one of the witnesses* on the affidavit must be the person whose birth is registered on the certificate or his/her parent, guardian, or the medical records clerk of the hospital where the birth occurred.

To correct a **DEATH CERTIFICATE**, *one of the witnesses* on the affidavit must be the funeral director, certifier or informant listed on the certificate.

Signatures of *both witnesses* must be notarized. The notary is to put a seal and signature to *each witness's signature*.

Signatures of a minor will be questioned. The person should be at least 18 years of age to make a correction.

Please state clearly on each line of No. 7 the item number on the certificate that is to be changed.

Clearly state on line 8b the corrections to be corrected.

Upon completion, the form and a \$40.00 fee (includes one copy of the corrected certificate) should be sent to the Bureau of Health Planning, Statistics and Emergency Response, Office of Vital Records, 4150 Technology Way, Suite 104, Carson City, Nevada 89706. There the original record will be altered and the affidavit form filed.

The fee for additional certified copies of a birth certificate is \$20.00 each, and certified copies of a death certificate are \$20.00 each.

Please make out your cashier's check or money order to Nevada Vital Records.

Should you have any further questions, please do not hesitate to call the correction clerk at (775) 684-4242.

When correction is completed, the corrected certificate is to be mailed to the following address:

.....  
Name

.....  
Street Address or P.O. Box

.....  
City State Zip Code