



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 Bureau of Health Protection and Preparedness
 Office of Vital Records and Statistics
 4150 Technology Way, Suite 104
 Carson City, Nevada 89706
 Telephone (775) 684-4242 • Fax (775) 684-4156
<http://dpbh.nv.gov>

- BIRTH
 DEATH

AFFIDAVIT FOR CORRECTION OF A RECORD

State Affidavit No. _____

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	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 PARENT / FATHER			6. NAME OF PARENT / MOTHER (LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN - IF BIRTH RECORD))
STATEMENT OF CORRECTIONS	7. ITEM NUMBER	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
WHY ARE CORRECTIONS NECESSARY?	9. _____			

I, _____, currently residing at _____,
(Print Full Legal Name) (Print Street, City, State, Zip Code)
 in relation to the person of record being amended, _____, certify and declare under penalty of perjury under the laws of
(Print Relationship)
 the State of Nevada, that all assertions of this affidavit are true and accurate to the best of my knowledge.

Witness Signature: _____
(Sign in the Presence of a Notary)

State of _____,
 County of _____,
 Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____,
 by _____.
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
 My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)

INSTRUCTIONS (PLEASE READ CAREFULLY)

Who can submit an Affidavit for Correction of a Record?

To correct a **BIRTH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the person whose birth is registered on the certificate, his/her parent, guardian, or a legal representative. Medical information must be by the certifier.

To correct a **DEATH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the funeral director, certifier or informant listed on the certificate. Medical information must be by the certifier.

What do I need to submit with the Affidavit for Correction of a Record?

Other verifiable evidence (see "Amendment Chart") proving the facts contained in the principal affidavit **OR** a supplemental affidavit (see Guide) executed by a person other than the affiant of this Affidavit for Correction of a Record .

The payment of \$40.00 (includes one certified copy of the corrected certificate). Additional certified copies of a birth certificate or death certificate is \$20.00 each. The payment may be made by check, cashier's check, money order or credit card. Please make your check, cashier's check or money order out to the Nevada Office of Vital Records. To pay by credit card, an Authorization for Credit Cards Use form must be completed and submitted.

PLEASE NOTE: The fee for correcting a birth or death record where the correction is filed by a certifier and the State Registrar determines that the correction is not the result of an error by the certifier is \$10.00.

How do I properly complete the Affidavit for Correction of a Record?

This is a legal document. Please type or print clearly in blue or black ink only. Illegible completion of the form will be returned. Any white outs, cross outs or write overs will not be accepted. The Affidavit for Correction of a Record must be fully completed in order to be processed.

Signature of *the witness* must be notarized. Signatures of a minor will be questioned. The person should be at least 18 years of age to make a correction.

Please complete the section titled "Statement of Corrections" clearly and accurately.

Where do I send the Affidavit for Correction of a Record and supporting documents?

Division of Public and Behavioral Health
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706

Please allow 2 – 4 weeks to process your request. Any questions regarding correcting a record should be addressed to the Office of Vital Records at the above address, or by calling our office at 775-684-4242. Please provide the name, full address of where the certificate should be mailed to and phone number:

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Name

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

.....
City

State

Zip Code

.....
Phone Number