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** Check One Leave Blank

☐ **DEATH**

AFFIDAVIT FOR CORRECTIONS OF A RECORD

State Affidavit No._____

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	FIRST NAME List the Person of Record (POR)		MIDDLE NAME Same as 1 a	LAST NAME Same as 1a
	SEX POR	DATE OF BIRTH/DEATH Date of the event	PLACE OF OCCURRENCE (City or County) List the city and/or county where the birth or death occurred at	
	NAME OF PARENT / FATHER List a parent of the person of record (Must match record)		NAME OF PARENT / MOTHER (LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN - IF BIRTH RECORD) List a parent of the person of record (Must match record)	

	ITEM NUMBER	FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD	FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
STATEMENT OF CORRECTIONS	See	List individually the errors on the record	List individually the correct information
	Original		
	Certificate		
WHY ARE CORRECTIONS NECESSARY?	Clearly and concisely explain why the corrections are necessary		

I, _____Witness print name here _____, currently residing at _Address where you reside or are located at (Not a P.O. Box)___
(Print Full Legal Name) (Print Street, City, State, Zip Code)

in relation to the person of record being amended, Listed in the instructions, 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: _Signature of the person listed here_____
(Sign in the Presence of a Notary)

_____

State of _____, THIS SECTION IS COMPLETED BY THE NOTARY
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 Name: _____ WITNESS my hand and official seal.
My Commission Expires: _____

_____
(Signature of Notary Public)

Reserved for Notary Seal

SAMPLE