BIRTH CERTIFICATE CORRECTION EVIDENCE CHART

(NRS 440.155, NAC 440.023, NAC 440.026, NAC 440.030, NAC 440.035)

- *Other Verifiable Evidence Accepted* is a document from an independent source containing information that supports/proves the request to correct the birth certificate.
- *Supplemental Affidavit**, if accepted,*** must be submitted by an individual, other than the person who executed *the Affidavit for Correction of a Record,* with personal knowledge of the item being corrected. This personal knowledge is gained through firsthand experience or observation, through a personal, familial, medical, or a professional relationship with the person of the record being amended.
- Other documentation, not listed below, may be considered as *Other Verifiable Evidence*; however, **ALL** documents are subject to approval by the Office of Vital Records.
- Documentation showing cross-outs, white-outs, or alterations of any kind will not be accepted as *Other Verifiable Evidence*.

Field on Birth Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Child's Name (First, Middle, Last, Suffix) Listed on the Birth Certificate	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Birth Worksheet submitted by the hospital or a verifiable copy	
Child's First and/or Middle Name omitted	• *Affidavit for Correction of a Record*	• Original Declaration of Paternity or Parentage	Yes
Child's Middle Name changed to Middle Initial only	• *Affidavit for Correction of a Record*	• Child's Birth Certificate • Verification of Birth Certificate	No
Child's Middle Initial changed to a Middle Name	• Court Order	• Certified Court Order	No

Field on Birth Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Child's Date of Birth Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Hospital Record of Birth • Physician Record of Birth	No
Time of Birth Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Hospital Record of Birth • Physician Record of Birth	No

Sex
Medical Information Certifier Only (except Gender/Sex change)
	• *Affidavit for Correction of a Record*	• For **Correction**:
		  ○ Hospital Record of Birth
		  ○ Physician Record of Birth
			No

		• For Gender/Sex **Change**: Letter from Healthcare professional stating that individual currently, and will continue to identify as the sex stated in affidavit.	Yes
Facility Name Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Hospital Record of Birth • Physician Record of Birth • Insurance Explanation of Benefits/Billing	No
City, Village or Location of Birth	• *Affidavit for Correction of a Record*	• Hospital Record of Birth • Physician Record of Birth • Insurance Explanation of Benefits/Billing	No
County of Birth	• *Affidavit for Correction of a Record*	• Hospital Record of Birth • Physician Record of Birth • Insurance Explanation of Benefits/Billing	No

Field on Birth Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Parent/Mother's Current Legal Name (First, Middle, Last) Spelling Error, Omitted Name, or Transposing of First, Middle, Last	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Birth Worksheet submitted by the hospital or a verifiable copy • Parent/Mother's Birth Certificate • Certificate of Naturalization	No
Incorrect Name	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Birth Worksheet submitted by the hospital or a verifiable copy	
Parent/Mother's Date of Birth and/or Mother's Age	• *Affidavit for Correction of a Record*	• Parent/Mother's Birth Certificate • Physician Record of Parent/Mother's Birth • Hospital Record of Parent/Mother's Birth • Birth Worksheet submitted by the hospital or a verifiable copy • Certificate of Naturalization	No

Field on Birth Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Parent/Mother's Name Prior to First Marriage (Last, Suffix)	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Parent/Mother's Birth Certificate • Birth Worksheet submitted by the hospital or a verifiable copy	No
Parent/Mother's Birth Place	• *Affidavit for Correction of a Record*	• Parent/Mother's Birth Certificate • Physician Record of Parent/Mother's Birth • Hospital Record of Parent/Mother's Birth • Birth Worksheet submitted by the hospital or a verifiable copy	No
Parent/Mother's Residence State County City, Town or Location Street Apt No. Zip Code Inside City Limits	• *Affidavit for Correction of a Record*	• Utility Bill or Financial Statement supporting residency at time of child's birth, listing one or both parents • Birth Worksheet submitted by the hospital or a verifiable copy	Yes

Field on Birth Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Parent/Father's Current Legal Name (First, Middle, Last, Suffix) Spelling Error, or Transposing of First, Middle, Last, Suffix	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Birth Worksheet submitted by the hospital or a verifiable copy • Parent/Father's Birth Certificate • Certificate of Naturalization	No
Incorrect Name	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Birth Worksheet submitted by the hospital or a verifiable copy	
Parent/Father's Date of Birth and/or Parent/Father's Age	• *Affidavit for Correction of a Record*	• Parent/Father's Birth Certificate • Physician Record of Parent/Father's Birth • Hospital Record of Parent/Father's Birth • Birth Worksheet submitted by the hospital or a verifiable copy • Certificate of Naturalization	No
Parent/Father's Birthplace State Territory or Foreign Country	• *Affidavit for Correction of a Record*	• Parent/Father's Birth Certificate • Physician Record of Parent/Father's Birth • Hospital Record of Parent/Father's Birth • Birth Worksheet submitted by the hospital or a verifiable copy	No

Field on Birth Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Certifier's Name Title	• *Affidavit for Correction of a Record*	• Hospital Record of Birth	No
Attendant's Name Title Attendant's Address	• *Affidavit for Correction of a Record*	• Hospital Record of Birth	No
Date Certified	• *Affidavit for Correction of a Record*	• Hospital Record of Birth	No

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