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

SUPPLEMENTAL AFFIDAVIT (Per NAC 440.030)

This must be completed by someone with personal knowledge of the requested correction(s). Describe "HOW" you obtained the personal knowledge.

PRINT FULL LEGAL NAME: _Full legal name of the person attesting to the information _____

Physical Address: _Physical address or location of the person listed above (Not a P.O. Box)_____

City: __For the person listed above _____ State: _____ Zip Code: _____

E-mail Address: __For the person listed above_____ Phone Number: _____

I, ___Same person as listed above_____, certify and declare under penalty of perjury under the laws of the State of Nevada,
(Print Name)
that I have personal knowledge to attest to the information provided in the primary affidavit for Person whose record is being corrected,
(Person of Record)
and I swear that all the assertions of this affidavit, including my identity, are true and accurate.

My relationship to the person of record is _For the person listed above_____, and I have this personal knowledge through the
(Relationship)
following course of events: _Explain in detail HOW you (the person listed above) has personal knowledge of the_____ information being corrected. The personal knowledge must be through firsthand experience. This person cannot be the same person signing the "Affidavit for Correction of a Record" form. _____

Signature: __Signature of the person listed above_____
(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