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	FIRST NAME		MIDDLE NAME	LAST NAME
	SEX	DATE OF BIRTH/DEATH	PLACE OF OCCURRENCE (City or County)	
	NAME OF PARENT / FATHER		NAME OF PARENT / MOTHER (LAST NAME PRIOR TO FIRST MARRIAGE (MAIDEN - IF BIRTH 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			
WHY ARE CORRECTIONS NECESSARY?			

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 Name: _____ WITNESS my hand and official seal.
My Commission Expires: _____

_____
(Signature of Notary Public)

Reserved for Notary Seal

INSTRUCTIONS (PLEASE READ CAREFULLY)

Who can sign the Affidavit for Correction of a Record form?

To correct a **BIRTH CERTIFICATE,** ***the person*** signing this affidavit must be the person of record, his/her parent, guardian, or legal representative. Medical information (date of birth, time of birth, sex and facility name) must be by the certifier.

To correct a **DEATH CERTIFICATE,** ***the person*** signing this affidavit must be a funeral director from the funeral home on the certificate, the informant, the certifier or a coroner / medical examiner from the county listed on the death certificate. Medical information (date of death, time of death, cause of death or any part of cause of death, information concerning communicable disease or injury) must be by the certifier or a coroner / medical examiner investigating the death.

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

Other verifiable evidence proving the facts contained in this affidavit. This can include a Supplemental Affidavit. See the "Correction Evidence Chart".

A copy of photo identification from the person signing this affidavit.

The payment of $40.00 (includes one certified copy of the corrected certificate). Additional certified copies of the certificate are $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 payable to the Office of Vital Records. To pay by credit card, an Authorization for Credit Card Use form must be completed and submitted.

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

This is a legal document. Please type or print clearly in blue or black ink only. Illegible completion or any white outs, cross outs or write overs will be returned. The Affidavit for Correction of a Record must be fully completed to be processed.

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

Please ensure the sections titled "Statement of Corrections" and "Why Corrections are Necessary" are clear and accurate.

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 certificate 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:

.....
Name

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

.....
City State Zip Code

.....
Phone Number