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: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

I, _____, 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 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 _____, and I have this personal knowledge through the
(Relationship)
following course of events: _____

_____

_____

_____

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