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## *Amending / Correcting a Birth or Death Certificate*

### *Per Nevada Administrative Code 440.023 and 440.030*

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- ✓ This guide is to aid in the process of correcting information on a birth/death certificate when an affidavit is the appropriate method to amend the certificate. The Affidavit for Correction of a Record form has been revised and the Supplemental Affidavit form has been created. Both forms are available on our website at: [http://dpbh.nv.gov/Programs/BirthDeath/dta/Forms/Birth/Death\\_Vital\\_Records -  
\\_Forms/](http://dpbh.nv.gov/Programs/BirthDeath/dta/Forms/Birth/Death_Vital_Records_-_Forms/)
- ✓ Please note a notation will be placed on the certificate noting an amendment / correction was processed along with the section(s) amended.
- ✓ The requirements and process to correct the information on a birth/death record are as follows:

### Who May Apply for Amending the Birth Certificate

- ✓ The person of record; or
- ✓ The parent or guardian of the person of record; or
- ✓ A legal representative of the person of record.

### Who May Apply for Amending the Death or Fetal Death Certificate

- ✓ The funeral director; or
  - ✓ The informant; or
  - ✓ The certifier.
- ❖ Pursuant to NAC 440.023 (2), a request to correct medical information on a certificate must originate with the certifier of the medical information.
- Medical information: There is no medical information on the birth certificate. For a death or fetal death certificate, the date of death, certifier, hospital (institution), any section in Cause of Death / Cause.

## Documentation Required to Amend a Certificate: (TWO (2) Documents to complete the process)

- ✓ ***Affidavit for Corrections of a Record***
  - Completed in its entirety by a person as outlined above; and
  - This document must be notarized.

-AND-

**ONE** of the following documents MUST be provided in addition to the *Affidavit for Corrections of a Record*:

- ✓ ***Supplemental Affidavit***
  - Completed in its entirety by an individual other than the person who executed *the Affidavit for Corrections of a Record*.
  - This affidavit statement must be completed by an individual that has personal knowledge and can attest to the correction being requested on the primary affidavit. 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.
  - This document must be notarized.

-OR-

- ✓ ***Other Verifiable Evidence***
  - A document that verifies and proves the change requested; or
  - A court order from any state court in the United States is also acceptable as other verifiable evidence.
  - Any document submitted as other verifiable evidence that is in a language other than English must be accompanied with a translated version of that document.

## Fees

- ✓ Correcting a Record on file with the State Registrar (including one certified copy of the amended certificate): \$40.00.
- ✓ Correcting a Record on file with the State Registrar filed by the certifier and the State Registrar determines that the correction is not the result of an error by the certifier: \$10.00.
- ✓ Additional certified copies of a birth/death certificate: \$20.00 EACH.

## How to Submit Documents

In person – or – by mail:  
Division of Public and Behavioral Health  
Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health
Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4242 · Fax: (775) 684-4156

- BIRTH
DEATH

AFFIDAVIT FOR CORRECTIONS OF A RECORD

State Affidavit No. \_\_\_\_\_

Form with sections: INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE, STATEMENT OF CORRECTIONS, WHY ARE CORRECTIONS NECESSARY? Includes fields for name, sex, date, location, parents, and itemized corrections.

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: \_\_\_\_\_
My Commission Expires: \_\_\_\_\_

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary Public)

Reserved for Notary Seal

# INSTRUCTIONS

## Who can submit an Affidavit for Correction of a Record?

To correct a **BIRTH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the person whose birth is registered on the certificate, his/her parent, guardian, or a legal representative. Medical information must be by the certifier.

To correct a **DEATH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the funeral director, certifier or informant listed on the certificate. Medical information must be by the certifier.

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

A supplemental affidavit executed by a person other than the affiant of this Affidavit for Correction of a Record **OR** other verifiable evidence corroborating the facts contained in the principal affidavit.

The payment of \$40.00 (includes one certified copy of the corrected certificate). Additional certified copies of a birth certificate or death certificate is \$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 out to the Nevada Office of Vital Records. To pay by credit card, an Authorization for Credit Cards Use form must be completed and submitted.

**PLEASE NOTE:** The fee for correcting a birth or death record where the correction is filed by a certifier and the State Registrar determines that the correction is not the result of an error by the certifier is \$10.00.

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

This is a legal document. Please type or print clearly in blue or black ink only. Illegible completion of the form will be returned. Any white outs, cross outs or write overs will not be accepted. The Affidavit for Correction of a Record must be fully completed in order to be processed.

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

Please complete the section titled "Statement of Corrections" clearly and accurately.

## 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 record 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

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health
Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4242 · Fax: (775) 684-4156

SUPPLEMENTAL AFFIDAVIT (Per NAC 440.030)

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: \_\_\_\_\_
My Commission Expires: \_\_\_\_\_

WITNESS my hand and official seal.

\_\_\_\_\_  
(Signature of Notary Public)

Reserved for Notary Seal