



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

WITNESS my hand and official seal.

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

Reserved for Notary Seal