



## APPLICATION FOR A CORRECTION OF A RECORD

Applicant's Information		
Applicant's Name (First & Last):		Applicant's Phone Number:
Applicant's Address (Street, City, State & ZIP):		
Relationship to Person of Record:	Applicant's Email Address:	Reason for Correction:
Type of Certificate (Select All That Applies)		
<input type="checkbox"/> Birth Certificate Correction	<input type="checkbox"/> Death Certificate Correction	<input type="checkbox"/> Fetal Death Certificate Correction
Fee Information \$45.00 per Person of Record and includes the correction and one certified copy		
Number of Additional Copies	Fee for A Certified Certificate Copy	
	\$25.00	Per <b>Birth</b> Certificate
	\$25.00	Per <b>Death</b> Certificate where death occurred in the following counties: Carson, Clark, Douglas, Lyon, Mineral or Washoe
	\$22.00	Per <b>Death</b> Certificate where the death occurred in a county not listed above.
<b>Total Number of Certificates Ordered</b>		

- If the Correction requires a Court Order, please ensure the Court Order has the original County Clerk stamp.
- If the Affidavit for Correction of a Record form is applicable, please ensure it is filled out completely. This includes "Why are the Corrections Necessary?" section.

Current Information on the Person of Record (This information is used to locate the Person on the Certificate's record)		
Person of Record's First Name	Middle	Last
Date of Birth /Death	County of Birth/Death	State of Birth

FOR OFFICE USE ONLY	
Receipt Number:	Date:

Revised: 12/16/19



# Amending / Correcting A Birth or Death Certificate

Per Nevada Administrative Code 440.023 & 440.030

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

To correct a **BIRTH CERTIFICATE**, the **person** signing this affidavit must be the person of record, his or 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, social security number, information concerning communicable disease or injury) must be started 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?

Submit all of the following with the Affidavit for Correction of a Record. Only complete submissions will be processed.

1. Proof supporting the change being requested. When other proof is unavailable, a Supplemental Affidavit may be accepted.
2. A copy of the photo identification from the person signing this affidavit.
3. Payment **made payable to the Office of Vital Records**.
  - a. The payment of \$45.00 includes the correction **AND** one certified copy of the corrected certificate.
  - b. Additional certified copies of the certificate are \$25.00 each for birth and deaths that occurred in Clark, Carson, Douglas, Lyon, Mineral and Washoe counties. For all other deaths, additional certified copies are \$22.00 each.
  - c. The payment may be made by check, cashier's check, money order or credit card.
  - d. To pay by credit card, an Authorization for Credit Card Use form must be completed and submitted with a copy of the card holder's valid ID.

## 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. ***Affidavits with Illegible writing, any white outs, cross outs or write overs will be returned. Cross outs with initials will not be accepted.***

- The Affidavit for Correction of a Record must be fully completed to be processed.
- The affidavit must be notarized.
- The person signing should be at least 18 years old. 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?

Office of Vital Records and Statistics  
4150 Technology Way, Suite 104  
Carson City, Nevada 89706

Please allow 4 – 6 weeks to process your request. For any questions, please us at **(775) 684-4242** or email us at **ovrpac@health.nv.gov**. Please provide the name, person of record information being corrected and phone number.

Name	Telephone	
Street Address or P.O. Box		
City	State	ZIP Code



- Birth
- Death

## AFFIDAVIT FOR CORRECTION OF A RECORD

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

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	Person of Record's 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)
STATEMENT OF CORRECTIONS				
STATEMENT OF CORRECTIONS	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	
WHY ARE CORRECTIONS NECESSARY?				

I, \_\_\_\_\_ (print full Legal Name), currently residing at \_\_\_\_\_  
 \_\_\_\_\_ (print Street, City, State, ZIP), in relation to the person of record being amended, (print relationship)  
 \_\_\_\_\_ certify and declare under penalty of perjury under the laws of the State of Nevada, that all assertions of this affidavit are true and correct to the best of my knowledge

\_\_\_\_\_  
 Witness Signature Signed 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 this 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

Reserved for Notary Seal

\_\_\_\_\_  
 Signature of Notary Public



Space is Intentional Left Blank for Printing Purposes



Office of Vital Records and Statistics  
4150 Technology Way, Suite 104 • Carson City, Nevada 89706  
775-684-4242 • Fax 775-684-4156 • [dpbh.nv.gov/Vitalrecords](http://dpbh.nv.gov/Vitalrecords)

# SUPPLEMENTAL AFFIDAVIT

(NAC 440.330)

This must be completed by someone with personal knowledge of the requested correction(s). Describe "HOW" you obtained the personal knowledge. **The person signing the affidavit CANNOT be the same person signing the Affidavit for Correction of a Record.**

NAME AND RELATIONSHIP OF INDIVIDUAL PROVIDING THE SUPPLEMENTAL AFFIDAVIT	First Name	Middle Name	Last Name		
	Physical Address		City	State	ZIP
	Email Address			Telephone	
	Relationship to Person of Record		Person of Record		

I, \_\_\_\_\_ (print name), certify and declare under penalty of perjury under the laws of the State of Nevada, that I have personal knowledge to attest to the information provided in the primary affidavit for \_\_\_\_\_ (person of record). I swear that all of the assertion of this affidavit, including my identity, are true and accurate.

My relationship to the person of record is \_\_\_\_\_ (state relationship to the person of record) and I have this personal knowledge through the following course of events:


\_\_\_\_\_  
Witness Signature Signed 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 this 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

Reserved for Notary Seal

\_\_\_\_\_  
Signature of Notary Public

