

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

APPLICATION FOR A CORRECTION OF A RECORD

Applicant's Information (Corrected Certificate Will Be Mailed To This Address)				
Applicant's First Name		Applicant's Last Name		Applicant's Telephone Number
Applicant's Street Address			City	State ZIP
Applicant's Relationship to Person of Record		Applicant's Email Address		Reason for Correction
Type of Certificate (Select All That Applies)				
Birth Certificate Correction		Death Certificate Correction		Fetal Death 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 additional Birth Certificate		
		\$25.00 Per additional Death Certificate where death occurred in the following counties: Carson, Clark, Douglas, Lyon, Mineral or Washoe		
		\$22.00 Per additional Death Certificate where the death occurred in a county not listed above.		
		Total Number of Certificates Ordered		

- If the Correction requires a Court Order, please ensure the Court Order has the original County Clerk stamp.
- When an Affidavit for Correction of a Record form is applicable, please ensure it is filled out completely. This includes the "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	Person of Record's Middle Name	Person of Record's Last Name
Date of Birth or Date of Death	Person of Record's County of Birth or County of Death	Person of Record's State of Birth
Mother/Parent 1's First Name	Mother/Parent 1's Last Name Prior to First Marriage	Mother/Parent 1's Date of Birth
Father/Parent 2's First Name	Father/Parent 2's Last Name Prior to First Marriage	Father/Parent 2's Date of Birth

FOR OFFICE USE ONLY	
Receipt Number	Date

Rev. Date 05/03/2023

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Amending or 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 completed by the medical 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 medical 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 completed by the medical 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 proof is unavailable, a supplemental affidavit is required. A court order may be used in replacement of an affidavit and the supplemental affidavit.
2. A copy of the photo identification from the person signing the Affidavit for Correction of a Record.
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 copies of birth certificates are \$25.00 each. Additional copies of death certificates where the death occurred in Clark, Carson, Douglas, Lyon, Mineral and Washoe counties are \$25.00 each. Additional death certificates where the death occurred in all other counties 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 cardholder'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 completed in its entirety to be processed.
- The affidavit must be notarized.
- The person signing should be at least 18 years old. Signatures of a minor must also have a parent or legal guardian signature.
- 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?

4150 Technology Way, Suite 104 • Carson City, NV 89706 • (775) 684-4242 • dphh.nv.gov/vitalrecords

ALL IN GOOD HEALTH.

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

Please allow up to 4 weeks to process your request. For any questions, please contact us at **(775) 684-4242** or email us at **ovrpac@health.nv.gov**. Please provide the name of the applicant, the person of record, and applicant's phone number.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES



NEVADA DIVISION OF PUBLIC and BEHAVIORAL HEALTH



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- Birth
- Death

State Affidavit
No. (For Office
Use Only)

AFFIDAVIT FOR CORRECTION OF A RECORD

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	Person of Record's First Name		Person of Record's Middle Name		Person of Record's Last Name	
	Sex	Date of Birth/Death		Place of Occurrence (City or County)		
	Name of Parent 1/Mother (Last Name Prior to First Marriage)			Name of Parent 2/Father (Last Name Prior to First Marriage)		

STATEMENT OF CORRECTIONS	ITEM/BOX 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

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SUPPLEMENTAL AFFIDAVIT

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 COMPLETING THE SUPPLEMENTAL AFFIDAVIT	First Name	Middle Name	Last Name		
	Physical Address		City	State	ZIP
	Email Address			Telephone Number	
	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: _____

WITNESS my hand and official seal

My Commission Expires: _____

(Reserved for Notary Seal)

Signature of Notary Public

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Birth and Death Correction Evidence Charts

Birth Correction Evidence

Type of Correction	Who Can Submit Correction?	Affidavit or Court Order?	Supplemental Affidavit Acceptable?
Name Change (Less than 1 year)	Parents	Affidavit	Yes
Name Change (Older than 1 year)	Person of Record or Parents	Court Order	N/A
Name Correction - Misspelling (Less than 1 year)	Parents	Affidavit	Yes
Name Correction - Misspelling (Older than 1 year)	Person of Record or Parents	Court Order	Certified Copy of Court Order
Gender Change	Medical Certifier on Record, Person of Record or Parents	Affidavit	Yes, with Affidavit Not required with court order
Parent Information	Person of Record or Parents	Affidavit	Yes
Medical Information	Medical Certifier on Record	Affidavit	Yes

*Court orders can be used in replacement of an affidavit and supplemental affidavit

Death Correction Evidence Chart

Type of Correction	Who Can Submit Correction?	Affidavit	Supplemental Affidavit Acceptable?
Name Change	Funeral Home or Informant	Yes	Yes
Name Correction - Misspelling	Funeral Home or Informant	Yes	Yes
Decedent Information	Funeral Home or Informant	Yes	Yes
Parental Information	Funeral Home or Informant	Yes	Yes
Spouse Information	Funeral Home or Informant	Yes	Yes
Informant Information	Funeral Home or Informant	Yes	Yes
Medical Information	Medical Certifier of Record	Yes	Yes

*Court orders can be used in replacement of an affidavit and supplemental affidavit

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Birth Certificate Item/Box Numbers

1. Child's name
2. Date of birth
3. Time of birth
4. Sex
5. Facility name
6. City, town, or location of birth
7. County of birth
8a. Mother/Parent's current legal name
8b. Mother's date of birth
8c. Mother's age
9. Mother's name prior to first marriage
10. Mother's birthplace
11a. Residence of Mother (state)
11b. Mother's county
11c. Mother's city, town, or location
11d. Mother's street and dwelling number
11e. Mother's apartment number
11f. Mother's zip code
11g. Inside city limits
12a. Father/Parent's current legal name
12b. Father's date of birth
12c. Father's age
12d. Father's birthplace
13a. Certifier's name
14a. Attendant's name
15a. Certifier or Attendant's signature
15b. Date certified
16a. Registrar's signature
16b. Date filed by registrar

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Death Certificate Item/Box Numbers 1a to 19c

1a. Deceased Name
2. Date of Death
3a. County of Death
3b. City, Town or Location of Death
3c. Hospital or Other Institution
3e. If Hospital or Other Institution Indicate
4. Sex
5. Race
6. Hispanic Origin?
7a. Age
7b. Under 1 year
7c. Under 1 day
8. Date of Birth
9a. State of Birth
9b. Citizen of What Country
10. Education
11. Marital Status
12. Surviving Spouse
13. Social Security Number
14a. Usual Occupation
14b. Kind of Business or Industry
Ever in US Armed Forces
15a. Residence – State
15b. County
15c. City, Town or Location
15d. Street and Number
15e. Inside City Limits
16. Father / Parent Name
17. Mother / Parent Name
18a. Informant – Name
18b Mailing Address (Informant)
19a. Burial, Cremation, Removal or Other
19b. Cemetery or Crematory – Name
19c. Location City or Town & State (Cemetery or Crematory)

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Death Certificate Item/Box Numbers 20a to 28g

20a. Funeral Director
20b. Funeral Director License Number
20c. Name and Address of Facility (Funeral Director)
21a. Certifying Physician or Advanced Practice Registered Nurse
21b. Date Signed
21c. Medical Certifier - Hour of Death
21d. Name of Attending Physician if Other Than Certifier
22a. Certifying Coroner or Medical Examiner
22b. Date Signed
22c. Coroner - Hour of Death
22d. Pronounced Dead Date
22e. Pronounced Dead Time
23a. Name and Address of Certifier
23b. License Number (Certifier)
24a. Registrar Signature
24b. Date Received by Registrar
24c. Death Due to Communicable Disease
25a. Immediate Cause
25b. Due To, Or As a Consequence Of
25c. Due To, Or As a Consequence Of
25d. Due To, Or As a Consequence Of
Part II. Other Significant Conditions
26. Autopsy
27. Was Case Referred to Coroner
28a. Manner of Death (Accident, Suicide, Homicide, Natural, Natural with Injury, Undetermined or Pending Investigation)
28b. Date of Injury
28c. Hour of Injury
28d. Describe How Injury Occurred
28e. Injury at Work
28f. Place of Injury
28g. Location (Street, City or Town & State)