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. __________

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th>AS REPORTED</th>
<th>ON THE</th>
<th>ORIGINALY</th>
<th>REGISTERED</th>
<th>CERTIFICATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. FIRST NAME</td>
<td>1b. MIDDLE NAME</td>
<td>1c. LAST NAME</td>
<td></td>
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<tr>
<td>2. SEX</td>
<td>3. DATE OF BIRTH/DEATH</td>
<td>4. PLACE OF OCCURRENCE (City or County)</td>
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<td></td>
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<tr>
<td>5. NAME OF FATHER</td>
<td>6. NAME OF MOTHER (MAIDEN - IF BIRTH RECORD)</td>
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<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>OF</th>
<th>CORRECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. ITEM NUMBER</td>
<td>8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD</td>
<td>8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE</td>
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</tbody>
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<tr>
<th>WHY ARE CORRECTIONS NECESSARY?</th>
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I, ____________________________________________________________, currently residing at ____________________________________________________________, in relation to the person of record being amended, ____________________________________________________________, certify and declare under penalty of perjury under the laws of 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: ____________________________

__________________________
(Signature of Notary Public)

WITNESS my hand and official seal.

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS FORM
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.

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: