		H	STATE OF RTMENT OF HEALTH BEALTH DIVISION—OFF	H AND H ICE OF V	HUMAN S ITAL REC	ORDS	St. Affidavit NoSt. Certificate No	
1a. FIRST NAME 1b. MIDDLE NAME						1c. LAST NAME		
2. SEX	SEX 3. DATE OF BIRTH/DEATH 4. PLACE OF OCCURRENCE		(City or County)					
5. NAME OF FATHER			6. MAIDEN NAME OF MOTHER					
7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD				8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE			
9.	•				•			
	OATH O	F FIRST WITNESS	}			OATH OF SE	ECOND WITNESS	
t I have personal knowledge of the above facts and that the information given above is true of First Witness:					14. I hereby certify that I have personal knowledge of the above facts and that the information given above is true and correct. Signature of Second Witness:			
12. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED					WITNESS	16. RELATIONSHIP OF WITNE	SS TO THE PERSON WHOSE RECORD IS BEING AMENDED	

10. I hereby certify that I have personal knowledge of the above facts and that the information given above is true and correct. Signature of First Witness:	14. I hereby certify that I have personal knowledge of the above facts and that the information given above is true and correct. Signature of Second Witness:		
11. AGE OF WITNESS 12. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED	15. AGE OF WITNESS 16. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED		
13. ADDRESS OF WITNESS (Street, City, State, Zip)	17. ADDRESS OF WITNESS (Street, City, State, Zip)		
State of	State of		
County of	County of		
Signed and sworn to (or affirmed) before me onDate	Signed and sworn to (or affirmed) before me onDate		
by	byType or print Affiant's name		
Notary Public Signature	Notary Public Signature		

(Seal)

20. DOCUMENTATION USED

FOR USE OF STATE OR LOCAL REGISTRAR

(Seal)

18. DATE ACCEPTED

19. REGISTRAR

 \square BIRTH \square DEATH

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

STATEMENT OF CORRECTIONS

WHY ARE CORRECTIONS NECESSARY?

INSTRUCTIONS

To correct a **BIRTH CERTIFICATE**, *one of the witnesses* on the affidavit must be the person whose birth is registered on the certificate or his/her parent, guardian, or the medical records clerk of the hospital where the birth occurred.

To correct a **DEATH CERTIFICATE**, *one of the witnesses* on the affidavit must be the funeral director, certifier or informant listed on the certificate.

Signatures of **both** witnesses must be notarized. The notary is to put a seal and signature to each witness's signature.

Signatures of a minor will be questioned. The person should be at least 18 years of age to make a correction.

Please state clearly on each line of No. 7 the item number on the certificate that is to be changed.

Clearly state on line 8b the corrections to be corrected.

Upon completion, the form and a \$40.00 fee (includes one copy of the corrected certificate) should be sent to the Bureau of Health Planning, Statistics and Emergency Response, Office of Vital Records, 4150 Technology Way, Suite 104, Carson City, Nevada 89706. There the original record will be altered and the affidavit form filed.

The fee for additional certified copies of a birth certificate is \$20.00 each, and certified copies of a death certificate are \$20.00 each.

Please make out your cashier's check or money order to Nevada Vital Records.

Should you have any further questions, please do not hesitate to call the correction clerk at (775) 684-4242.

When correction is completed, the corrected certificate is to be mailed to the following address:

Name

Name

Street Address or P.O. Box