

**** PLEASE READ INSTRUCTIONS ON BACK BEFORE FILLING OUT AFFIDAVIT****

State of _____

**AFFIDAVIT
CORRECTION OF
BIRTH RECORD**

Registrar's No. _____

County of _____

File No. _____

INFORMATION AS IT APPEARS ON ORIGINAL RECORD – PLEASE PRINT LEGIBLY

Name as recorded _____

Date of birth _____ Place of birth _____

City, Village, Township County

Father's name _____ Mother's maiden name _____

ITEMS TO BE CORRECTED OR ADDED

Item _____ Should Read _____

Item _____ Should Read _____

Item _____ Should Read _____

Item _____ Should Read _____

Item _____ Should Read _____

PERSON SWEARING TO THE ABOVE FACTS

I/We _____ born _____
Name(s) of person(s) executing affidavit Date(s) of birth

and residing at _____ being duly sworn say that I/we have
Street address, City, State and Zip

personal knowledge that the foregoing facts are true and correct relative to _____
Correct spelling of Child's name

being the _____
Relationship to child

Signature of person(s) executing affidavit

Date Signed

Signature of Notary

Date commission expires

NO ERASURES, CROSS OUTS OR CORRECTION FLUID PERMITTED