

# AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

BIRTH     DEATH     FETAL DEATH

**TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD**

## PART I    INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST		1B. MIDDLE		1C. LAST
	2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT		5. COUNTY OF EVENT
	6. FULL NAME OF PARENT AS STATED ON ORIGINAL RECORD			7. FULL NAME OF PARENT AS STATED ON ORIGINAL RECORD	

## PART II    STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE			

SAMPLE

REASON FOR CORRECTION	11. _____ _____ _____
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AFFIDAVITS AND SIGNATURES	<b>We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.</b>		
	12A. SIGNATURE OF FIRST PERSON ▶ <i>SIGNATURE</i>	12B. PRINTED NAME	12C. TITLE/RELATIONSHIP TO PERSON IN PART I
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		12E. DATE SIGNED—MM/DD/CCYY
	13A. SIGNATURE OF SECOND PERSON ▶ <i>SIGNATURE</i>	13B. PRINTED NAME	13C. TITLE/RELATIONSHIP TO PERSON IN PART I
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP)		13E. DATE SIGNED—MM/DD/CCYY

STATE/LOCAL REGISTRAR USE ONLY	14. CDPH - VITAL RECORDS OR LOCAL REGISTRAR ▶	15. DATE ACCEPTED FOR REGISTRATION
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