



PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW. NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS WILL BE ACCEPTED.

Section 1: REQUIRED INFORMATION

STATE FILE NUMBER	DATE OF CORRECTION	CURRENT LEGAL NAME OF APPLICANT COMPLETING THE AFFIDAVIT
CHILD'S CURRENT LEGAL NAME		
PLACE OF BIRTH (FACILITY, CITY, AND COUNTY)	DATE OF BIRTH (MONTH, DAY, AND YEAR)	
FATHER'S PLACE OF BIRTH (FACILITY, CITY, AND COUNTY)	FATHER'S DATE OF BIRTH (MONTH, DAY, AND YEAR)	
MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE (IF LISTED ON RECORD)	FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE (IF LISTED ON RECORD)	
SIGNATURE OF AFFIANT/RELATIONSHIP	SIGNATURE OF AFFIANT/RELATIONSHIP	

TO CARRY OUT THE PROVISIONS TO AMEND THE BIRTH CERTIFICATE OF A CHILD, A CERTIFIED COPY OF THE PARENTS' MARRIAGE CERTIFICATE AND THIS AFFIDAVIT MUST BE COMPLETED IN ITS ENTIRETY WITH THE SIGNATURES OF BOTH PARENTS.

By checking this box, we certify that we were married parents prior to the child's birth and have attached a copy of our marriage certificate.

Section 2: NOTARY PUBLIC (FOR OFFICE USE ONLY)

ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE):	MY TERM EXPIRES ON (DATE):
ID TYPE PRESENTED BY BIRTH MOTHER/PARENT 1	ID TYPE PRESENTED BY FATHER/PARENT 2
ID NUMBER PRESENTED BY BIRTH MOTHER/PARENT 1	ID NUMBER PRESENTED BY FATHER/PARENT 2
PLEASE PLACE THE NOTARY SEAL BELOW.	