



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

DOH/CHS 023 January 2012

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 3. Child under 18
 • Only parent(s) or legal guardian can change the birth certificate.
 • Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 • Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 • Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 • To correct birth date, place of birth or parent's information, one documentary proof is required.
Adult (18 years or older)
 • Only the adult themselves can change the birth certificate.
 • If the first or middle name is absent, three pieces of documentary proof are required.
 • If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 • To correct birth date, place of birth or parent's information, one documentary proof is required.
 • Proof must be five (or more) years old or have been established within five years of birth.
 4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment – form DOH/CHS 021)**

Death Certificates:
 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:
 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:



Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

DOH/CHS 023 February 2012