STATE OF ARIZONA

ARIZONA DEPARTMENT OF HEALTH SERVICES

Vital Records and Information Services

STATE FILE NO.

AFFIDAVIT TO CORRECT VITAL RECORD

IDENTIFICATION OF REGISTRANT AND EVENT

NAME OF REGISTRANT 1. A. FIRST B. MIDDLE C. LAST

DATE OF EVENT 2. MONTH DAY YEAR ☐ BIRTH ☐ DEATH

PLACE OF EVENT 3. A. INSTITUTION OR STREET ADDRESS B. TOWN OR CITY C. COUNTY D. STATE ARIZONA

DATA TO BE CHANGED (ITEM 4)

	A. ITEM NO. ON CERTIFICATE AND IDENTIFICATION	B. THE FOLLOWING ENTRIES ARE OMITTED OR INCORRECTLY STATED:	C. THE ENTRIES SHOULD READ AS FOLLOWS TO BE CORRECT:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

FIRST AFFIDAVIT (ITEM 5)

STATE OF _____ } SS
COUNTY OF _____

(NOTARY'S SEAL)

I, THE UNDERSIGNED, DECLARE UPON OATH THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH CHANGES AND ADDITIONS AS SHOWN ABOVE ARE NECESSARY TO MAKE THIS VITAL RECORD CORRECT.

SIGNATURE ▶ _____

STREET ADDRESS _____ RELATIONSHIP TO REGISTRANT _____

CITY AND STATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19 ____

NOTARY'S SIGNATURE ▶ _____ MY COMMISSION EXPIRES _____

STREET ADDRESS _____ CITY AND STATE _____

SECOND AFFIDAVIT (ITEM 6)

STATE OF _____ } SS
COUNTY OF _____

(NOTARY'S SEAL)

I, THE UNDERSIGNED, DECLARE UPON OATH THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH CHANGES AND ADDITIONS AS SHOWN ABOVE ARE NECESSARY TO MAKE THIS VITAL RECORD CORRECT.

SIGNATURE ▶ _____

STREET ADDRESS _____ RELATIONSHIP TO REGISTRANT _____

CITY AND STATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19 ____

NOTARY'S SIGNATURE ▶ _____ MY COMMISSION EXPIRES _____

STREET ADDRESS _____ CITY AND STATE _____