

# STATE OF UTAH - DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS AND STATISTICS

## AFFIDAVIT TO AMEND A RECORD

Corrections to a vital record must be made by affidavit but an item on a birth record may be corrected by affidavit only once. A court order is required for subsequent changes. A court order is necessary to make any corrections to a Delayed Birth Certificate. This affidavit cannot be used to correct medical information. Please return any copies of the certificate with this affidavit completed. If corrected certificates are reissued within 90 days of issuance, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed or hand delivered.

**Mailing Address**  
 Office of Vital Records and Statistics  
 PO Box 141012  
 Salt Lake City, UT 84114-1012

**Physical Address**  
 Office of Vital Records and Statistics  
 288 North 1460 West  
 Salt Lake City, UT 84116

### Affidavit Instructions

Please print or type in black ink.  
**Items 1-6:** Enter the facts as reported on the current vital record.  
**Item 7:** Enter item number from items 1-6 that will be changed, if applicable.  
**Item 8a:** Enter the information as stated on the original record.  
**Item 8b:** Enter the correct information as it should be stated on the record.  
**Item 9:** Enter the reason the change is necessary.  
**Item 10:** Enter the proofs used to support the change, if applicable. The proofs must match the asserted fact(s) exactly.  
**Items 11-22:** Enter witness information.

### Witness Instructions

**Witnesses for Birth Certificate:** If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If only one parent is listed, the second witness **MUST** be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, he/she **MUST** sign as one of the witnesses. The second witness **MUST** be their immediate family member.  
**Witnesses for Death Certificate:** The informant must sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts.

BIRTH                     
  DEATH                     
  STILLBIRTH                     
 \_\_\_\_\_ STATE FILE NUMBER

<b>NAME AS REPORTED ON REVERSE</b>	1a. FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)			
	5. NAME OF PARENT 1 (Maiden name if Applicable)			6. NAME OF PARENT 2 (Maiden name if Applicable)			
<b>STATEMENT OF AMENDMENTS</b>	7. ITEM NO.	8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD			8b. CORRECT INFORMATION		
<b>WHY IS CHANGE NECESSARY?</b>	9a.						
	9b.						
<b>DOCUMENTS USED TO AMEND RECORD</b>	10a.						
	10b.						
<b>OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)</b>	<b>I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.</b>					Subscribed & Sworn to before me this ____ day of _____ 20__	
	11a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			11b. PRINTED NAME OF WITNESS		Notary Signature _____	
	12. DATE SIGNED		13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS (      )	15. RELATIONSHIP OF WITNESS		State _____
	16. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____	
						S E A L	
<b>OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)</b>	<b>I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.</b>					Subscribed & Sworn to before me this ____ day of _____ 20__	
	17a. SIGNATURE OF WITNESS (Must be signed in front of a Notary)			17b. PRINTED NAME OF WITNESS		Notary Signature _____	
	18. DATE SIGNED		19. AGE OF WITNESS	20. DAYTIME TELEPHONE OF WITNESS (      )	21. RELATIONSHIP OF WITNESS		State _____
	22. ADDRESS OF WITNESS (Street, City, State, Zip)					County _____	
						S E A L	