

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

AFFIDAVIT TO AMEND A RECORD

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent changes.

PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:

VITAL RECORDS
PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012
OR BRING TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH

BIRTH CERTIFICATES

1. List the facts exactly as stated on the original record. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a parent or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the original record. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical **ONLY**. 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. Corrections to marital status **MUST** be approved and processed by the State Office Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH
 DEATH
 STILLBIRTH

STATE FILE NUMBER _____

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	1a. FIRST NAME		1b. MIDDLE NAME	1c. LAST NAME	
	2. SEX	3. DATE OF EVENT		4. PLACE OF OCCURRENCE (City and County)	4a. Hospital (if applicable)
	5. NAME OF PARENT 1 (Maiden Name if Applicable)			6. NAME OF PARENT 2 (Maiden Name if Applicable)	
STATEMENT OF AMENDMENTS	7. ITEM NO	8a. FACTS AS STATED ON THE ORIGINAL RECORD		8b. CORRECT INFORMATION	
WHY IS CHANGE NECESSARY	9. _____				
PROOFS USED TO AMEND RECORD	10. _____				
OATH OF FIRST WITNESS	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.			Subscribed & Sworn to before me this _____ day	
	11. SIGNATURE OF FIRST WITNESS		12. DATE SIGNED	of _____ day of 20_____	
	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()	15. RELATIONSHIP OF WITNESS	Notary Public _____	
	16. ADDRESS OF WITNESS (Street, City, State and Zip Code)			S E A L	
OATH OF SECOND WITNESS	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.			Subscribed & Sworn to before me this _____ day	
	17. SIGNATURE OF SECOND WITNESS		18. DATE SIGNED	of _____ day of 20_____	
	18. AGE OF WITNESS	19. DAYTIME TELEPHONE OF WITNESS ()	20. RELATIONSHIP OF WITNESS	Notary Public _____	
	21. ADDRESS OF WITNESS (Street, City, State and Zip Code)			S E A L	
UDOH-OVRS-9 REV. 07/15	22. DATE ACCEPTED		23. OFFICE OF THE STATE OR LOCAL REGISTRAR		
FOR USE BY STATE OR LOCAL REGISTRAR					