

IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
 AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ }
 County of _____ } SS

Certificate No. _____
 Date Filed _____

The undersigned does solemnly swear (affirm) that certain facts on the certificate of _____
(Birth, Death, Marriage, etc.)
 for _____ who _____ on _____
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
 in _____ are erroneous or were omitted.
(Place of Event)

ITEMS TO BE CORRECTED

THE RECORD NOW SHOWS:

THE TRUE FACT IS:

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____
 Residing at _____
 My commission expires _____
 (Seal)



Applicant's Signature _____
 Printed Name _____
 Street Address _____
 City, State, ZIP _____

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
 County of _____ } SS

(Must be completed)
 (Is not necessary)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____
 Residing at _____
 My commission expires _____
 (Seal)



Applicant's Signature _____
 Printed Name _____
 Street Address _____
 City, State, ZIP _____