

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 _____

****PER IDAHO CODE 39-273: FURNISHING FALSE OR FRAUDULENT INFORMATION AFFECTING ANY CERTIFICATE IS A FELONY PUNISHABLE BY A FINE OF NOT MORE THAN FIVE THOUSAND DOLLARS (\$5,000) OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.**