



CORRECTION REQUEST FORM

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

Use this form to request **correction(s)** of incorrect or missing information. A fillable version of this form is also available on our website listed below. If any information is **changing** because of adoption, surrogacy, court ordered name change, gender change or if paternity of a child has been determined, please visit our website at www.vitalrecords.dhw.idaho.gov for information and instructions.

APPLICANT INFORMATION			
Applicant's current legal name	First	Middle	Last
Applicant's relationship to the person on the certificate (self, mother, etc.)			
CERTIFICATE TYPE: BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DIVORCE <input type="checkbox"/> STILLBIRTH/MISCARRIAGE <input type="checkbox"/>			
Enter Certificate Year and Number Here (State File Number)			
Example: 2005-1258 (from the upper right-hand section of the certificate)			
CORRECTION INFORMATION			
	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)
<i>Example</i>	<i>Mother's Maiden Last Name</i>	<i>Smithe</i>	<i>Smith</i>
Item #1			
Item #2			
Item #3			
Item #4			
Item #5			
ADDRESS/SIGNATURE			
I understand that I will receive additional information and forms to make the changes I have requested. My mailing address is:			
Street/ PO Box		City	State Zip Code
Signature ►		Phone	Email Address
CHECKLIST			
<input type="checkbox"/> Complete APPLICANT information has been provided <input type="checkbox"/> Complete CERTIFICATE information has been provided <input type="checkbox"/> Complete CORRECTION information has been provided <input type="checkbox"/> You have signed the request <input type="checkbox"/> A copy of your identification is enclosed <input type="checkbox"/> Appropriate fees have been included. <input type="checkbox"/> Mail to: IDAHO VITAL RECORDS PO BOX 83720 BOISE, IDAHO 83720-0036 Questions? Please visit www.vitalrecords.dhw.idaho.gov or call (208) 334-5980		Fees: \$20.00 correction fee (if the event occurred over a year ago) \$5.00 exchange fee (per certificate) \$16.00 certificate fee (per certificate) \$25.00 RUSH fee (optional) Check or money order made payable to: Idaho Vital Records	