

AFFIDAVIT

Person making request (Affiant): _____

Purpose of Request: _____

Relation to Person on Record: _____

Address: _____

Email: _____ **Phone:** _____

Signature of Affiant *Date:* _____

FOR NOTARY PUBLIC

I, the undersigned, being duly sworn, depose and say that:

- 1. The above information is true and correct.
- 2. I am the person who made out or caused to be made out, the correction of the original certificate recorded and filed as stated above.
- 3. Certain statements contained in said original certificate are incorrect of affording a complete and correct official record, the correct statements or the omitted information has been entered on the original document.

Sworn to subscribed before me, this _____ day of _____, 20____

Notary Public Signature

My Commission Expires: _____ (SEAL)

FOR REGISTRAR OF VITALS ONLY

This form has been accepted for filing and a notation of the corrections, additions or changes have been made on the original document.

Date: _____ Signature of Registrar: _____