Department of Health & Human Services

Affidavit to amend a record

Corrections to a vital record may be made by affidavit but an item may only be corrected by affidavit once. A court order is required for gender or name changes after the age of one year. This form is not used with a court order. A court order is necessary to make any corrections to a delayed birth certificate. This affidavit cannot be used to correct medical information. Many changes, including marital status, require more information; visit our website or contact our office. Return any copies of the certificate with this completed affidavit and all supporting documentation. If corrected certificates are reissued within 90 days, the new certificate fee will be waived but affidavit fees may still apply. This affidavit may be mailed with the correct fees, proof of ID, and application for a new certificate.

Mailing address: Office of Vital Records and Statistics, PO Box 141012, Salt Lake City, UT 84114-1012
Contact information: https://VitalRecords.utah.gov 801-538-6105 vrequest@utah.gov

online instructions

Affidavit instructions: Print or type. **Items 1-6**: Enter the facts as reported on the current vital record. **Item 7**: Enter the item number from items 1-6 that will be changed, if applicable. **Item 8a**: Enter the information as stated on the original record. **Item 8b**: Enter the correct information as it should be stated. **Item 9**: Enter the reason the change is necessary. **Item 10**: Enter the proofs used to support the change. The proofs must match the asserted fact(s) exactly. Proofs must be submitted with the affidavit. **Items 11-22**: Enter witness information.

Witnesses for birth certificate: If the person listed on the record is younger than age 18, both parents of record must sign the affidavit. If only one parent is listed, the second witness must be an immediate family member of the listed parent. If the person listed on the record is 18 years of age or older, they must sign as one of the witnesses. The second witness must be their immediate family member.

Witnesses for death certificate: The informant and an immediate family member or two immediate family members must sign as a witness. If adding a spouse, the spouse must sign as a witness. If no immediate family is available, a person who is knowledgeable of the facts may sign.

Please provide the requested information in the form below. DHHS Vital Records will use the information provided to make corrections, if applicable, to the vital record. If necessary, the data may also be accessed by contractors who are a part of the DHHS technical team. All fields are required. Not providing the required information may result in the delay of the amendment of the vital record. This data is part of the record series 81446.

☐ Birth ☐ Death ☐ Stillbirth State file number: _____

Information as reported on the record	1a. First name	1b. Middle name	1c. Last name	
	2. Sex	3. Date of event (birth, death, stillbirth)	4. Place of occurrence (city and county)	
	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. Incorrect information on the current record	8b. Correct information

Why the change is needed	9
Documents used	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 is true and correct.

11a. Signature of witness (Sign in front of notary)		11b. Printed name of witness	
12. Date signed	13. Age of witness	14. Telephone number	15. Relationship to 1a.
16. Address of witness			

State_____County_____
On this _____day of _____ 20___ the person whose name is signed as the first witness proved to me through satisfactory evidence of identification, to be the person named.
Notary signature:_____

SEAL

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 is true and correct.

17a. Signature of witness (sign in front of notary)		17b. Printed name of witness	
18. Date signed	19. Age of witness	20. Telephone number	21. Relationship to 1a.
22. Address of witness			

State_____County_____
On this _____day of _____ 20___ the person whose name is signed as the second witness proved to me through satisfactory evidence of identification, to be the person named.
Notary signature:_____

SEAL

Do not write below this line