GREG GIANFORTE
GOVERNOR

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

CHARLIE BRERETON
DIRECTOR

Affidavit for Correction of a Vital Record

I hereby swear that the record of BIRTH/DEATH (Circle One) for _____ (Current Name on Record) who was born/died in the city of _____, County of _____ on _____ (Date of Birth/Death) is incorrect or incomplete as follows:

The record now shows:	The true facts are:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have the consent of all parties concerned in stating these true facts. I further declare that if the corrected certificate is questioned, I will assume the responsibility of furnishing proof of the corrected item to the questioning agency. It is recommended to retain copies of all supporting documents.

The probative value of an altered certificate of birth is determined by the judicial or administrative body before whom the certificate is offered as evidence. 50-15-204(5) M.C.A.

I further swear that I represent the individual as: ☐ Self ☐ Parent ☐ Other (Specify) _____

Signed: _____

Address: _____

_____

Phone Number: _____ Email address_____

Verification of Signer's ID Is Mandatory

This record was signed and sworn to, or affirmed, before me on _____ (Date) by _____ (Signer's Name).

Notary's Signature: _____

State of _____

County of _____

(Official Stamp)

My Commission Expires: _____