Affidavit for Correction

Center for Health Statistics

P.O. Box 47814 Olympia, WA 98504-7814

	9 11euiii	11	nis is a legal d					o not aite	er.	360-236-4300	3004 7014	
				ST	ATE OFF	ICE USE	ONLY					
Sta	ate File Number		Fee Number				Initials	Da	te	Affidavit Num	ber	
			Required i	nformatio	n must r	natch cu	rrent inf	ormation o	n record	1		
	Record Type:	☐ Birth		eath		arriage			lution (D			
Required	1. Name on Record:		_					2. Date of E		3. Place of Ev	ent:	
ğ	First	Middle		Last						(City or Co	3 /	
l≒i	4. Father/Parent Ful	Il Birth Name (Sp	oouse A for Marria	age or Disso	olution)	5. Mother/l	Parent Ful	I Birth Name	(Spouse	B for Marriage or Di	ssolution)	
led	First	Middle		Last/Ma		First		Mic		Last/N	/laiden	
	6. Name of Person F	Requesting Corre	ection:		tionship to	o S cord: F		☐ Guardia ☐ Funeral		☐ Informant☐ Other (specify)		
7 [Datura Mailing Addrag			reis	on on Ke	,01u F	arerii(s)	□ Fulleral	Director	U Other (specily)		
	Return Mailing Addres						0			0		
	Post Office Box or Streephone Number:	reet Address				Email Add	City	·		State	Zip	
()					_man / taa	000.					
	Use the s	ection below	for requesting	any chan	ges on t	he record	d. The re	cord is inc	correct o	r incomplete as f	ollows:	
The record now shows:						The true fact is:						
8.					Ç	9.						
10.						11.						
10												
12.						13.						
14.					•	15.						
	l doolore	under nenelt	v of paritury tur	dor the le	we of th	o Stata a	f Washir	acton that	the force	sing is true and a	orroot	
16a. Signature:							he State of Washington that the forgoing is true and correct 16b. Signature of 2 nd parent (if required):					
	organization							F ((
Prir	nted name:			Date:		Printed na	ne:			Da	ate:	
			INSTRUC		to to way	v dob wa	gov for n	nore inform	ation			
Rec	quired documentary p	proof must be su		_			-			proof include:		
	Birth/Marriage/Divor		Military record (I				transcript			medical record		
	Certificate of Natural		Social Security I	,	eport •	Passpo	•	•	•	ermanent Resident o	ard (I-551)	
			ense, Social Sec		•	•		ortificato ca				
Rir	th Certificates	D11701 3 1100		unity our a c	поорна	- accordi	ve birtir e	Citimodic oc		Sec us proor		
J.,	ui oci iiiloates											
			n (if the child is u									
	2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name and Mary Ann Doe									show the name to b		
			e or more years	old or estab	lished with	in five yea	rs of birth					
Chi	ld under 18		-			Adult (10	vooro or o	ldor)				
•	If legal guardian(s)	. include certified	l court order provi	na auardiar	nship	Adult (18Only the			s or her bii	rth certificate.		
•	Up to age one, last		•	0 0	•	,		•		ree pieces of docum	entary proof are	
	on certificate (can l					require					, p	
•	After age one, a co	•	J							nisspelled, or date of	birth is incorrect, tv	
•	No proof is required	•				•		entary proof	'			
•	To correct parent's					10 cor require		it's birth date	, place of I	birth, or name, one o	locumentary proof i	
•	To correct the sex provider is required	·	documentary pro	of from a mo	edical	require	·u					
	provider is required	4										
				form, signa	atures fro	m both pa	rents list	ted on the c	ertificate a	are required. If one	parent is deceased	
	submit a death ce	ertificate with requ	uest.									
		lavit cannot be	e used to add a	a father to	a birth	certificat	e (use pa	aternity ac	knowled	gment form DOH	422-032)	
De	ath Certificates											
1.	1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical										on-medical	
information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are s registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than										bers are spouse or		
	registered domesti informant is reques			child or step	child). Ma	rital status	requires a	a certified co	py of a cou	urt order if someone	other than the	
2.	The medical inform			anged only	by the cer	tifying phy	sician or t	he coroner/n	nedical exa	aminer.		
		`										
ivia	rriage/Dissolution (Certifi	cales									
	Personal facts (minor o change the date of											