

**AFFIDAVIT TO CORRECT A BIRTH CERTIFICATE**

<b>Name at birth</b>			
<b>Date of birth</b>		<b>County of birth</b>	

CLEARLY PRINT OR TYPE INFORMATION TO BE CORRECTED. Please look to see which boxes are marked on the front and back of this form or follow any additional instructions that may be enclosed. To make the changes indicated below, one or more signatures are required in the presence of a **Notary Public**.

Item # or entry to be corrected	Original record now shows	Corrected item should show

**Registrant, Mother/Parent A, Father/Parent B/Guardian:** Sign your name **ONLY** in the presence of a Notary Public. Registrant must sign if age 18 or older. Mother's and/or father's signatures are not required if registrant is age 18 or older.

Please list your telephone number in case we should need to contact you. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**I, (we), do hereby declare that this affidavit is made in order to provide a true and correct record of birth as indicated above. It is a Class C felony for any person to make any false statement or supply false information in an application for an amendment of a birth record.**

**Registrant or Guardian**  
(attach original/certified proof of guardianship)

Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Notary signature: \_\_\_\_\_

Seal/Stamp

**Mother or Parent A**

Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Notary signature: \_\_\_\_\_

Seal/Stamp

**Father or Parent B**

Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Notary signature: \_\_\_\_\_

Seal/Stamp

**Medical record/Birth clerk**

Printed name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Hospital/Facility: \_\_\_\_\_  
Date signed: \_\_\_\_\_

**NOTARY INSTRUCTIONS:** If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

**REQUIRED FEES**

- Your choice:  \$25 for a short-form birth certificate  
 \$30 for a full-image birth certificate (available 1903-2007)

Or

- A **\$35 fee** must accompany this form. This fee does not include payment for a corrected birth certificate-pay this fee when certificates purchased within the last year will be returned for corrected ones or when a certificate is not needed.
- You may **return one incorrect original birth certificate** issued with the last 12 months for a corrected one, free of charge. All other certificates issued within 12 months may be replaced for \$5 each.
- Other Fee:** \_\_\_\_\_

**Note:** If you apply in person for a record or correction, an additional \$3.25 is added to each order.

**REQUIRED ORIGINAL EVIDENCE DOCUMENT**

Faxed, scanned or photocopied documents cannot be accepted.  
Document information must match what is now listed on the birth certificate except for item being corrected.

**Child age 1 or older and adults — provide one evidence document**

- Document — must be at least 5 years old. For child under age 7, evidence must be at least 1 year old.
- To correct child’s surname shared with parent or the spelling of a parent name, parent date of birth or parent place of birth, evidence document must be dated before the registrant’s birth date and include parent full name, date of birth or age.
- To correct date of birth, hospital affidavit required until medical record is no longer available, then evidence must be dated prior to 7th birthday.

**Evidence must show:**

- Registrant’s full name (first, middle, last) as it is to appear on the birth record, including full middle name.
- Registrant’s date of birth or age — unless correcting birth date, then evidence must show birth date.

**Child under age 1** — Usually evidence is not required for a child up to their 1<sup>st</sup> birthday. Complete and correct amendment requests must be postmarked by the 1<sup>st</sup> birthday to be accepted without evidence. After one year rules require evidence document or a court order or judgment.

**Suggested evidence documents** for specific types of corrections. See attached list or one available on the web at <http://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/evidencedocs.aspx>

**Evidence document on file in Oregon** — If the evidence document is a marriage, older sibling’s birth, or your own child’s birth record filed in Oregon Vital Records, fill in the applicable sections below. We will locate it and determine whether it is acceptable. You may list multiple records in case one does not list a full name or meet the required criteria.

Current/Past marriage record Husband/Spouse A full name: \_\_\_\_\_  
 Wife/Spouse B full maiden name: \_\_\_\_\_  
 Marriage date: \_\_\_\_\_ Place: \_\_\_\_\_

Current/Past marriage record Husband/Spouse A full name: \_\_\_\_\_  
 Wife/Spouse B full maiden name: \_\_\_\_\_  
 Marriage date: \_\_\_\_\_ Place: \_\_\_\_\_

**Birth record evidence document filed in Oregon** (mark applicable box below):

- Your child  Older sibling Child full name: \_\_\_\_\_
- Parent Birth date: \_\_\_\_\_ Place: \_\_\_\_\_
- Your child  Older sibling Child full name: \_\_\_\_\_
- Parent Birth date: \_\_\_\_\_ Place: \_\_\_\_\_
- Your child  Older sibling Child full name: \_\_\_\_\_
- Parent Birth date: \_\_\_\_\_ Place: \_\_\_\_\_

**Please note:** An affidavit can only be used for minor corrections.  
 More extensive corrections will require a court judgment or a different form. For further information please see our website at:  
<https://public.health.oregon.gov/BirthDeathCertificates/ChangeVitalRecords/Pages/LegalAmendVR.aspx> 45-25 (01/16)