



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**AFFIDAVIT FOR CORRECTION OF A BIRTH OR DEATH RECORD**

STATE FILE NUMBER

Indicate below the type of certificate to be amended or corrected. PRINT or TYPE the information identifying the certificate and the item to be changed. *This form must be signed in the presence of a Notary Public or the request cannot be processed and will be returned.*

**Please note:**

1. Affidavits containing erasures, write-overs and/or white-out, faxed or reproduced copies of completed form will not be accepted.
2. An item which has been amended once by an affidavit cannot be amended again by an affidavit; it will require a Court Order.

Mail the completed form to: **Missouri Department of Health and Senior Services  
Bureau of Vital Records  
P.O. Box 570  
Jefferson City, MO 65102-0570**

Before me appears \_\_\_\_\_ who, upon his/her oath, states that the original record of birth/death for  
(PRESENT LEGAL NAME) (CIRCLE ONE)  
\_\_\_\_\_ born/died \_\_\_\_\_ in the State of Missouri.  
(NAME AS SHOWN ON RECORD) (CIRCLE ONE) (MONTH/DAY/YEAR)

**SHOULD BE CORRECTED AS FOLLOWS:**

FOR STATE USE ONLY	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	
	ITEM NO./ITEM NAME	SHOULD READ
	INSTEAD OF	

**THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

AFFIANT SIGNATURE (MUST BE SIGNED IN PRESENCE OF NOTARY)

RELATIONSHIP

PRESENT ADDRESS (STREET, AND/OR P.O. BOX, CITY, STATE, ZIP)

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	
USE RUBBER STAMP IN CLEAR AREA BELOW		