



# Affidavit for Correction

Mail to: **Center for Health Statistics**  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event:	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

7. Return Mailing Address:  
Post Office Box or Street Address City State Zip

Telephone Number: ( ) Email Address:

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

### I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required documentary proof must be submitted with the affidavit and must include full name and birth date. Examples of proof include:

- Birth record
- Military record (DD-214)
- School transcripts
- Hospital/medical record
- Certificate of Naturalization
- Social Security Numident Report
- Marriage/divorce record
- Green/Permanent Resident card (I-551)

### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
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 to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

### This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### Death Certificates

1. The informant can change the non-medical information with this form
2. Changes can be made by the funeral director, executor/administrator, or family member (family members include spouse, registered domestic partner, parent, sibling, adult child or stepchild) to the non-medical information with one piece of documentary proof
3. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change
4. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner

#### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
 CENTER FOR HEALTH STATISTICS

PO Box 47814 • Olympia, Washington 98504-7814  
 Tel: (360) 236-4300 • Fax: (360) 753-4135

Dear Customer:

Effective January 15, 2015, the Department of Health adopted a birth correction policy. If you need to submit a birth certificate correction on or after January 15, 2015, use the new Affidavit for Correction form on the reverse side of this document and NOT the version on the back of the birth certificate.

The chart below clarifies these changes:

Field	After 1/15/2015	
Child Information (under 18 years old) Last name: change name to one of the parent's name or combination of names prior to child's first birthday	Affidavit for Correction form requires signatures of all parents listed on child's birth certificate. If a parent is deceased, include a copy of the death certificate.	
Child Information (under 18 years old) First or middle name: change	Affidavit for Correction requires signatures of all parents listed on child's birth certificate. If parent deceased, include a copy of the death certificate.	
Adult information (18 years old and over) First or middle name missing or change	First or middle name missing	<ul style="list-style-type: none"> <li>• Affidavit for Correction form plus 3 proof documents; or</li> <li>• Certified copy of court order</li> </ul>
	First, middle or last name change	Certified court order

The purpose of the policy change is to ensure all parents listed on a child's birth certificate have information to access their child's birth record and to clarify documentation necessary to add, correct or change a name on a birth certificate.

Additional information can be found on the Department of Health website [www.doh.wa.gov](http://www.doh.wa.gov). If you have any questions regarding the birth correction changes, contact us at 360-236-4300, select option 3, and then option 3, or via email to reach [VitalRecordsCorrections@doh.wa.gov](mailto:VitalRecordsCorrections@doh.wa.gov).

Sincerely,

Amendment Services