



TOWNSHIP OF BERWYN PUBLIC HEALTH DISTRICT

"A TRADITION OF SERVICE"
6600 W. 26th Street • Berwyn, IL 60402
(708) 788-6600 • Fax (708) 788-0432



Minor Correction Request

Please include a copy of current photo identification of person requesting the correction.
Please print or type clearly.

Requesting correction to: Birth Stillbirth/Fetal Death Death

Full Name as presently listed on record _____

Date of birth or death _____
(Month/day/year)

Place of Birth/Death in Cook County _____

Relationship to the individual named on the record is _____
(Relationship such as self, mother, son, funeral director.)

I further affirm that, **First**; the information below lists the particulars of the record in question.

Birth Parent's name **prior** to first marriage/civil union (Maiden Name) _____

Co-Parent's name **prior** to first marriage/civil union _____
(if listed on the record)

Second; the following information is incorrect or missing and should be corrected as follows:
(Make Sure to specify if you want to correct.)

WHAT NEEDS THE CORRECTION	WHAT THE CERTIFICATE CURRENTLY SAYS	HOW IT SHOULD READ

Third; that the applicant's current address is:
Street address, apartment, floor or suit number _____

City, State and ZIP code _____ Date signed _____

Phone Number _____ Signature _____

PLEASE SUBMIT YOUR CURRENT PHOTO ID TO BE PHOTOCOPIED

Minor Change No. _____