**State of Illinois**
Illinois Department of Public Health

# STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST INSTRUCTIONS

1. Clearly print with a black pen or type all information.

2. Place a check mark by the record you are seeking to correct.

3. Any alterations, use of white-out, or cross-outs will void this affidavit. If an error is made, start over with a new blank form.

4. When correcting a birth record:
   - If the individual listed on the record is under 18 years of age, the affidavit must be completed by a parent or legal guardian.
   - If the individual listed on the record is 18 years of age or older, the individual must complete the affidavit.

5. **Relationship** refers to the applicant's relationship to the individual named on the record (e.g., husband, mother, hospital birth clerk, daughter, individual serving as power of attorney, or self).

6. **Name prior to first marriage/civil union** refers to the name given at birth; the maiden name or name that appears on a person's birth record.

7. **What you want corrected** should indicate the item (e.g., child's first name, mother's date of birth, father's place of birth, marital status).

8. This form must be signed in the presence of a notary public. Notaries public are available at most banks and currency exchanges for a minimal fee.

9. The following is a list of documents to include:
   - Original affidavit signed by the person requesting the correction.
   - A $15 check or money order made payable to IDPH. To receive additional copies of the corrected certificate, please add $2 for each additional copy being requested.
   - A copy of a non-expired, government issued photo ID of the person requesting the correction.
   - Documentation required to complete the correction requested. Visit http://www.dph.illinois.gov/topics-services/birth-death-other-records/birth-records/correct-birth-certificate for more information concerning the types of documents needed.
   - Return all documents to:

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**
**Division of Vital Records**
**110 West Lawrence Ave.**
**Springfield, IL 62704-2610**

If you have questions, please email dph.vitals@illinois.gov or call (217) 782-6554.

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**Instructions & requirements on second page.**

# STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST

Requesting correction to: ❑ Birth ❑ Stillbirth/Fetal Death ❑ Death

I, _____ being duly sworn, deposes and says under
(current legal name of applicant completing the affidavit)

penalty of perjury, that my 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 being corrected.*

Name currently on record _____

Place of birth **or** death _____ Date of birth **or** death _____
(facility, city and county) (month, day and year)

Mother/Co-parent's name, as currently listed on record _____
(maiden name)

Father/Co-parent's name, as currently listed on record _____
(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 a Current Legal Name, or a Maiden Name - Name Prior to First Marriage/Civil Union)

| What you want corrected (i.e. first name, last name, parent's date of birth) | How it reads now (Incorrect information currently listed on record) | How it should read (Correct information) |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |

(if additional room is needed, complete another affidavit/request form)

***THIRD****; that the applicant's current address is:*

Street address, apartment, floor, or suite number _____

City, state and ZIP code _____ Date signed _____

Written signature _____
(of applicant completing the affidavit)

***Subscribed and sworn to before me this _____ day of _____ , 20 _____***
(The date of notarization must be the same as the date the applicant signs)

***in _____ County.***

*NOTARY SEAL*

_____
***(Notary Public)***

**DO NOT WRITE OR NOTARIZE BELOW THIS LINE**

_____ Date made _____

_____ Date made _____

_____ Date made _____

Accepted for filing on the _____ day of _____ 20 _____ by _____

Title _____

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