



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. **Current Legal name** means the name used at the time of the child's birth (i.e. the name after marriage, after a court ordered name change or after a naturalization. This could also be the maiden name.).
5. **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.
6. **"Relationship"** refers to the applicant's relationship to the individual named on the record, for example, husband, mother, hospital birth clerk, daughter, individual serving as power of attorney or self.
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. Notary publics 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.
 - A copy of a non-expired, government issued photo ID of the person requesting the correction.
 - Documentation required to complete the correction requested. Please visit our website at <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
925 E. Ridgely Ave.
Springfield, IL 62702-2737

If you have additional questions, e-mail them to dph.vitals@illinois.gov



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 in question.

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 **prior** to first marriage/civil union _____

Father/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 **Current Legal Name** or **Name Prior to First Marriage/Civil Union**)

What you want corrected	How it reads now	How it should read
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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** _____

in _____ **County.**

NOTARY SEAL

(Notary Public)

DO NOT WRITE BELOW THIS LINE.

Date made _____

Date made _____

Date made _____

Date made _____

Accepted for filing on the _____ day of _____ 20____ By _____
Title _____