

Montana Department of Public Health & Human Services
Office of Vital Statistics (PO Box 4210, Helena, MT 59604)

AFFIDAVIT
For Correction of a Vital Record

I hereby swear that the record of BIRTH/DEATH for _____
(Circle one) (Current Name on Record)
who was born/died in the city of _____ County of _____
(Circle one)
on _____ is incorrect or incomplete as follows:
(Current date on birth/death record)

The record now shows:

The true facts are:

I have the consent of all parties concerned in stating these true facts. I further declare that if the corrected certificate is questioned, I will assume the responsibility of furnishing proof of the corrected item to the questioning agency. It is recommended to retain copies of all supporting documents.

The probative value of an Altered certificate of birth is determined by the judicial or administrative body before whom the certificate is offered as evidence. 50-15-204(5) M.C.A.

I further swear that I represent the child/deceased as: Self Parent Attorney Other _____
(Check one) (Specify)

Signed _____

Address _____

Phone number _____

State of: _____

County of: _____

_____ personally appeared before me and whose identity I proved on the basis of
satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this _____ day of _____ 20____

Notary's Signature

Printed Name: _____

Notary Public in and for the State of _____

Residing at _____

My commission expires _____

SEAL

V.S.No. 14