



## 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.
4. "**Relationship**" refers to the applicant's relationship to the individual named on the record, for example, husband, mother, hospital birth clerk, daughter or individual serving as power of attorney.
5. "**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).
6. 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.
7. The following is a list of documents to include:
  - Original affidavit signed by the person completing the affidavit.
  - A \$15 check or money order made payable to IDPH for one certified copy of the corrected record.
  - A copy of a non-expired, government issued photo ID of the person completing the affidavit.
  - Documentation required to complete the correction requested. Please visit our website at <http://www.idph.state.il.us/vitalrecords/correctioninfo.htm> 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, please e-mail them to [dph.vitals@illinois.gov](mailto:dph.vitals@illinois.gov)





### STATE OF ILLINOIS AFFIDAVIT AND CERTIFICATE OF CORRECTION REQUEST

Requesting correction to:     Birth             Stillbirth/FetalDeath             Death

I, \_\_\_\_\_ being duly sworn, deposes and says under  
(name of applicant completing the affidavit)  
penalty of perjury, that my relationship to the individual named in 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 legal name prior to first marriage/civil union \_\_\_\_\_

Father/Co-parent's legal 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:

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 \_\_\_\_\_