

**WV DHHR - VITAL REGISTRATION OFFICE**  
**AFFIDAVIT TO CORRECT WEST VIRGINIA BIRTH CERTIFICATE**  
**INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE:**

Name as recorded: \_\_\_\_\_

Date of birth: \_\_\_\_\_

City & County of birth: City \_\_\_\_\_ County: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

**ITEMS TO BE CORRECTED OR ADDED:**

\_\_\_\_\_ Should Read \_\_\_\_\_

**THE FOLLOWING AFFIDAVIT IS TO BE SIGNED BY THE PERSON WHOSE BIRTH CERTIFICATE IS TO BE CORRECTED (OR BY PARENT IF UNDER 18):**

I, \_\_\_\_\_, born \_\_\_\_\_  
*(Name - please print)* *(Date of Birth)*

and residing at \_\_\_\_\_,  
*(Address)*

being first duly sworn say that, to the best of my knowledge, the foregoing facts are true and correct.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of NOTARY PUBLIC: \_\_\_\_\_



*Notary Stamp or Seal*

Commission expires: \_\_\_\_\_

Submit to:

ATTN: Corrections Unit  
Vital Registration Office  
PO Box 11012  
Charleston, WV 25339-1012

Revised 07.31.2002