



AFFIDAVIT FOR CURRENT YEAR CORRECTION • (REVISED 07/2017)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: REQUIRED INFORMATION		
REQUESTING CORRECTION TO: <input type="checkbox"/> Birth <input type="checkbox"/> Stillbirth/Fetal Death <input type="checkbox"/> Death		
STATE FILE NUMBER	DATE OF CORRECTION	CURRENT LEGAL NAME OF APPLICANT COMPLETING THE AFFIDAVIT
RELATIONSHIP TO THE INDIVIDUAL NAMED ON THE RECORD (i.e. SELF, MOTHER, FATHER, DAUGHTER, SON, FUNERAL DIRECTOR, ETC.)		
CURRENT LEGAL NAME OF THE PERSON ON THE RECORD		
PLACE OF BIRTH OR DEATH (FACILITY, CITY, AND COUNTY)	DATE OF BIRTH OR DEATH (MONTH, DAY, AND YEAR)	
MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE (IF LISTED ON RECORD)	FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE (IF LISTED ON RECORD)	
INFORMATION SHOWN ON ORIGINAL CERTIFICATE	INFORMATION AS IT SHOULD APPEAR ON AMENDED CERTIFICATE	
1	1	
2	2	
3	3	
4	4	
5	5	
SIGNATURE OF AFFIANT/RELATIONSHIP	SIGNATURE OF AFFIANT/RELATIONSHIP	

Section 2: NOTARY PUBLIC	
ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE):	MY TERM EXPIRES ON (DATE):
ID TYPE PRESENTED BY BIRTH MOTHER/PARENT 1	ID TYPE PRESENTED BY FATHER/PARENT 2
ID NUMBER PRESENTED BY BIRTH MOTHER/PARENT 1	ID NUMBER PRESENTED BY FATHER/PARENT 2
PLEASE PLACE THE NOTARY SEAL BELOW.	

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.
 STATE OFFICE OF VITAL RECORDS | 1680 PHOENIX BLVD. SUITE 100, ATLANTA, GA 30349 | PHONE 404.679.4702