



AFFIDAVIT FOR AMENDMENT • FORM 3977 (REVISED 07/2017)

NOTE: The fee for amendments to vital records is \$10.00. This fee does not include certified copies and is non-refundable. Certified copies of birth and death certificates are an additional \$25.00 and \$5.00 for each additional copy.

Example:	1 Certified Copy	\$25.00
	+2 Additional Copies	\$10.00
		\$35.00

If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. **A valid copy of your Photo ID must accompany this request.** Please do not send cash by mail.

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 BIRTH & HOUR OF BIRTH (MONTH, DAY, & YEAR)	
FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD AT BIRTH	LAST NAME OF CHILD AT BIRTH	GENERATION (JR., II, III, ETC.)
MOTHER'S FIRST NAME AT BIRTH		MOTHER'S MIDDLE NAME AT BIRTH	MOTHER'S LAST NAME AT BIRTH
FATHER'S FIRST NAME AT BIRTH		FATHER'S MIDDLE NAME AT BIRTH	FATHER'S LAST NAME AT BIRTH
FATHER'S PLACE OF BIRTH & AGE (CITY, COUNTY, STATE)		FATHER'S DATE OF BIRTH & AGE (MONTH, DAY, & YEAR)	
ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS		SHOULD BE
I HEREBY DECLARE UNDER OATH THAT THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. (SIGNATURE OF REGISTRANT OR PARENT)			
CURRENT ADDRESS OF REGISTRANT (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)			
DO NOT WRITE BELOW THIS LINE.			
NAME & KIND OF DOCUMENTARY EVIDENCE (INCLUDE BY WHOM AND DATE ISSUED)		ORIGINAL DOCUMENT DATE (MONTH, DAY, & YEAR)	

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



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ADDITIONAL INFORMATION OR EXPLANATION		
As an official representative of the State Registrar, I certify that I have examined the evidence and information presented on this form.	SIGNATURE OF CERTIFIER	DATE SIGNED (MONTH, DAY, & YEAR)
SIGNATURE OF THE STATE REGISTRAR	ORIGINAL BIRTH CERTIFICATE FILE DATE (MONTH, DAY, & YEAR)	

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.	