



**Affidavit for Correction of a Vital Record**

I hereby swear that the record of BIRTH/DEATH (Circle One) for \_\_\_\_\_  
(Current Name on Record) who was born/died in the city of \_\_\_\_\_, County of  
\_\_\_\_\_ on \_\_\_\_\_ (Date of Birth) is incorrect or incomplete as follows:

**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 individual as:  Self  Parent  Other (Specify) \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Verification of Signer's ID Is Mandatory**

This record was signed and sworn to, or affirmed, before me on \_\_\_\_\_ (Date) by  
\_\_\_\_\_ (Signer's Name).

Notary's Signature: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Official Stamp)