



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS  
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,  
OR FETAL DEATH RECORD**

Save

Print

Reset

STATE FILE NUMBER

**Completed by State**

**STEP 1 - REVIEW INSTRUCTIONS**

**PRINT** or **TYPE** all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by an individual legally authorized, per 19 CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 935 Wildcat, Des Moines, IA 50319, 50319-0651**

Provide information on the current vital record

se requirements will be required. Some items are related to others. One item may require the correction of other related items as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies must be corrected prior to filing an affidavit to correct a vital record. See reverse for instructions, visit: <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

**STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT**

SELECT ONE: <input type="checkbox"/> BIRTH <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH	FULL NAME ON RECORD FIRST JOHN	MIDDLE DOE	LAST SMITH	DATE OF BIRTH OR DEATH MONTH DAY YEAR 01 01 2021	SELECT ONE: <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN
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**STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")**

ITEM NO. OR ITEM NAME #33	INSTEAD OF PENDING INVESTIGATION	SHOULD READ NATURAL	<b>Method 1 – For shorter correction (Completed on one line)</b>
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ	
ITEM NO. OR ITEM NAME CERTIFIER'S MAILING ADDRESS	INSTEAD OF 123 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101	SHOULD READ 321 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101	<b>Method 2 – For longer correction (Completed on two lines)</b>
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ	
ITEM NO. OR ITEM NAME #28A. #28B.	INSTEAD OF MYOCARDIAL INFARCTION BLANK	SHOULD READ ACUTE RESPIRATORY DISTRESS SYNDROME PNEUMONIA	<b>Method 3 – For several corrections (Two corrections in each box)</b>
ITEM NO. OR ITEM NAME #28C. #28 PART II	INSTEAD OF BLANK BLANK	SHOULD READ COVID-19 ISCHEMIC STROKE	

**STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)**

AFFIANT'S FULL NAME FIRST SUSAN	MIDDLE ANN	LAST SMITH	RELATIONSHIP TO REGISTRANT MEDICAL EXAMINER
AFFIANT'S MAILING ADDRESS NUMBER AND STREET AND/OR P.O. BOX 321 WEST MAIN STREET		CITY JEFFERSON CITY	STATE MISSOURI
		ZIP 65101	AFFIANT'S PHONE NUMBER (573) 751-6387

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)	DATE (MM/DD/YYYY) 01/15/2021
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NOTARY PUBLIC BOSSER SEAL	STATE MISSOURI	COUNTY COLE
<b>Must be signed in the presence of a notary</b>	SUBSCRIBED AND SWORN BEFORE ME, THIS 15 DAY OF JANUARY 20 21	USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	
	NOTARY PUBLIC NAME (Last, First, Middle) JANE SMITH	

**FOR STATE USE ONLY**

DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY
DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	<b>Completed by State</b>
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

## AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH, OR FETAL DEATH RECORD

### Instructions

**PRINT** or **TYPE** all information identifying the certificate and the item(s) to be corrected. The original and fully completed affidavit (not a copy) must be submitted and be free of erasures, write-overs, and/or white-out. Some items are related and correcting one item may require the correction of other related items.

The following information is general guidance for completing an Affidavit for Correction (correction affidavit). **For additional instructions**, see [19 CSR 10-10](#) or contact the Bureau of Vital Records at 573-751-6387.

### Fees

There is no fee to process a correction affidavit. Processing a court order requires a \$15.00 fee. For any new copies of the revised certificate, the standard \$15.00 fee per birth certificate or fetal death/still birth and \$14.00 fee (\$11 additional copies) per death certificate will apply.

### Notary

All affidavits must always be signed in the presence of a notary public by an individual legally authorized, per [19 CSR 10-10](#), to make the correction.

### Who Can Amend a Vital Record

To amend a **birth certificate**, depending on what is being corrected, application may be made by one (1) of the parents, the legal guardian, the registrant, if of legal age, or the individual responsible for the filing of the certificate. The mother's first, middle, and maiden name on a birth record can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage license or a certified statement of marriage from the recorder of deeds' office. The **medical information** on a birth certificate can be changed only by the medical certifier or personnel of the institution responsible for filing the certificate. For additional birth correction information, see [19 CSR 10-10](#).

To amend a **death certificate** by affidavit, application may be made by the informant or the funeral director or person acting for the funeral director on the following items: decedent's first name, decedent's middle name, decedent's sex, decedent's date of death (affidavit of funeral home representative or certifier only), decedent's Social Security number, decedent's age, decedent's month of birth, decedent's day of birth, was decedent ever in United States armed forces?, place of death, marital status, surviving spouse's name (see [19 CSR 10-10.110](#), paragraph (2)(A)8), decedent's usual occupation and kind of business or industry, decedent's residence, decedent's origin and race, decedent's education, father's first name, father's middle name, mother's first name, mother's middle name. Informant's name, informant's mailing address, disposition information, name and address of funeral home and funeral establishment license number can be amended only by affidavit of funeral home representative. The **medical information** on a death certificate can be changed only by the medical certifier, coroner, or medical examiner who certified the cause of death. A funeral director or other person acting as such cannot change medical information.

To amend a **fetal death/still birth certificate**, application may be made by informant, coroner, medical examiner, or personnel from the hospital, clinic, or funeral home who prepared the certificate. Except for medical information, the amendment process is the same as for a birth or death certificate. The **medical information** can be changed **only** by the medical certifier, coroner, medical examiner, or personnel of the institution responsible for filing the certificate. **Cause of death information** can be changed **only** by the medical certifier, coroner, or medical examiner. To correct all other items on a fetal death certificate, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

### Documentary Evidence

To correct an item(s) on a certificate, documentary evidence necessary to preserve the integrity of the certificate shall be required. Depending on the number of items to be corrected, more than one (1) document may be required. Generally, original documents are not required and copies/photocopies are acceptable. However, some changes require a certified copy of the documentation.

The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Documentary evidence which supports the alleged facts shall be a filed document which shows, as a minimum, the correct full name and correct age or date of birth, and shall have been filed at least **five (5) years** prior to the date of application for the amendment.

A filed document is defined as a record which is **permanently maintained** by an agency, organization, or business and is accessible for verification at a later date. The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

### Suggested Documents

The following list of suggested documents are possible examples. Other similar documents may also be acceptable. Not all suggested documents may be acceptable for all types of corrections.

- |                                  |   |   |
|----------------------------------|---|---|
| • Church Record/Baptismal Record | • Social Security Card and/or Numident Form | • Voter ID Registration Card                          |
| • Prenatal Records               | • State and/or Federal Tax Return           | • Certified Copy of Parent's Birth Certificate        |
| • School Enrollment Record       | • Driver's License                          | • Certified Copy of Marriage Certificate or Statement |
| • U.S. Passport                  | • Insurance Policy                          | • Bank Statements                                     |
| • U.S. Census Record             | • W-2, I-9, or Similar Employment Record    | • Mother's Worksheet                                  |
| • Physician/Hospital Record      | • Military Record                           | • Facility Worksheet                                  |

### Court Orders

Major deficiencies on individual vital records shall be corrected or amended by court order. The Bureau of Vital Records shall be furnished with a certified copy of an order from a court of competent jurisdiction indicating the desired change(s). The order shall identify the record(s) as presently filed and indicate the items to be corrected or amended.

Major deficiencies specifically requiring a court order are those that:

1. Change year of birth on a birth record;
2. Change any birth, death, or fetal death record created or previously amended or corrected by court order, adoption, or legitimation;
3. Change an item previously amended or corrected by affidavit, except when the cause or manner of death on a death record is being corrected from pending investigation;
4. Change on a birth record the registrant's first name, middle name, last name, or suffix when different from the mother's birth certificate worksheet used to originally register the birth certificate (not including if first and middle names not yet chosen);
5. Completely change the mother's name on a birth record. The mother's first, middle, and maiden name can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage certificate from the recorder of deeds' office or a certified statement of marriage;
6. Completely change, on the birth record, the name of the natural parent or add the name of a parent when deceased;
7. Change, on the birth record, the surname of the registrant, last name of the mother, or the last name of the father by changing three (3) or more letters, or by changing one (1) or two (2) letters which results in a different pronunciation of the last name;
8. Change, on the death record, the last name of the deceased by changing three (3) or more letters or by changing one (1) or two (2) letters which results in a different pronunciation of the last name;
9. Change both the sex and registrant's name when the name appears to be that typically used for the opposite sex;
10. Change a written signature (new signature will be typed);
11. Delete father's name on a birth record. To delete the father's name from a birth certificate, the court order shall find that he is not the natural father and then direct the Bureau of Vital Records to delete his name from the birth record. If the court also finds the natural father and the mother have been legally married, the birth certificate can be legitimated by the same court order. The order shall give the date and place of marriage. The order also shall give the natural father's full name, date of birth, race, Social Security number, and the natural mother's date of birth and Social Security number to establish a new birth certificate by legitimation. If the child's name is to be changed, the order also shall indicate the name change.

### Processing a Correction

The original certificate/office working copy of the birth, death, or fetal death shall have the correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.

### More information

For more vital records information, visit: [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords) or call the Bureau of Vital Records at 573-751-6387.