

Office of Vital Records & Statistics

AFFIDAVIT TO AMEND MISSISSIPPI CERTIFICATE OF LIVE BIRTH (Read instruction on next page before completing this form)

FULL NAME AT BIRTH: DATE OF BIRTH: COUNTY OF BIRTH: Item To Be Corrected Incorrect Information Correct Information Name of Signatory: Name of Signatory: Signature: Signature: Sworn to and subscribed before me this the Sworn to and subscribed before me this the _____ day ______, 20______, ______, day ________, 20______, Signature of Notary: Signature of Notary:

The form must be returned to the Office of Vital Records, along with any required documentation and required fee. All signatures must be the original signature and no copies will be accepted.

My Commission Expires:

Fee is \$28.00, includes one certified copy of the amended record. Additional copies of the amended record are \$6.00 each when ordered at the same time for the same person.

Acceptable documentation can be one of the following. The document must show the name as you want it, your age or date of birth. The document must be 5 years old or older and not be recently issued.

Physician's Record – Current or former physician

My Commission Expires:

School Record - High School transcript, Elementary school record or record from first school attended

US Passport – must have been issued at least 5 years ago

Old Driver's License – must have been issued at least 5 years ago

Military Discharge Record – Form DD214

Immunization Record – from physician or county health department

Child's birth certificate – must show correct name and date of birth or age

INSTRUCTIONS – READ CAREFULLY

The submission of this form does not guarantee an amendment will be processed on the birth certificate. All requirements must be met and all documentation must follow the requirements of this office. If the form, documents or fee does not meet the requirements set forth by this office, all items will be returned to you with an explanation as to why and what actions must be taken to get the record amended.

Section 41-57-21 of the Mississippi code of 1972, provides that "Where there has been a bona fide effort to register a birth and the certificate thereof on file with the office of Vital Records does not divulge all of the information required by said certificate, or such certificate contains the incorrect first name, middle name, or sex, then the State Registrar of Vital Records Registration may, in his discretion, correct such certificate upon affidavit of two (2) reputable persons (you and one other) having personal knowledge of the facts in relation thereto. "Documentation may be required at the discretion of that State Registrar." All other alterations shall be made as provided in Section 41-57-23." "Anyone giving false information in such affidavit shall be subject to the penalties of perjury."

- 1. Complete the top portion of the affidavit. This affidavit will be attached to the original birth record thus becoming part of the birth record. Please use black ink and print clearly.
 - a. FULL NAME AT BIRTH Enter the name as it appears on the birth certificate.
 - b. DATE OF BIRTH Enter the date of birth as it appears on the birth certificate.
 - c. COUNTY OF BIRTH Enter the county where the birth occurred.
 - d. Item to be corrected List the item(s) in error. (Example: Child's first name, Child's middle name, Mother's first name, Father's first name.)
 - e. Incorrect Information Enter information as it appears on the birth certificate.
 - f. Correct Information Enter the information as it should be.
- 2. The affidavit must be signed by registrant and one reputable having knowledge of the birth or information in the presence of a notary public. If the person requesting the amendment is under the age of 18, a parent or legal guardian (with proof of guardianship) must sign in addition to one reputable person having knowledge of the event(s).
- 3. The fee for an amendment or correction to a Mississippi Vital Record is \$28.00. DO NOT SEND CASH. We accept money orders, personal checks and cashier checks.

MAIL THE AFFIDAVIT, ANY REQUIRED DOCUMENTATION AND FEE TO:

MS VITAL RECORDS P O BOX 1700 JACKSON, MS 39215

ATTN: CORRECTION UNIT