

**Montana Department of Public Health & Human Services  
Office of Vital Records (PO Box 4210, Helena, MT 59604)**

**AFFIDAVIT  
For Correction of a Vital Record**

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

**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  Attorney  Other \_\_\_\_\_  
(Check one) (Specify)

Signed \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

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

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

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

This record was signed and sworn to (or affirmed) before me on \_\_\_\_\_ by  
(Date)

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Notary's Signature)

[Official Stamp]