

State of West Virginia Department of Health & Human Resources, Bureau for Public Health Vital Registration Office

AFFIDAVIT TO CORRECT BIRTH CERTIFICATE OF MINOR

State of County of	
INFORMATION AS IT APPEARS ON ORIGINAL CER	TIFICATE OF BIRTH:
Name as Recorded	
Date of Birth	
Place of Birth	
Father's Name	
Mother's Maiden Name	
We and	pointh in the Division of Vital Statistics, to following lists. The original or corrections:
	(Father's Signature)
	(Mother's Signature)
	(Address)
Notary Seal	(City, State, Zip)
SUBSCRIBED AND SWORN TO BEFORE ME THIS _	DAY OF,20
My Commission Expires	(Notary Public)

Vital Registration/Corrections Unit PO Box 11012 Charleston, WV 25339-1012