

State File Number

**REQUEST FOR CORRECTION OR ADDITION TO ORIGINAL RECORD OF  
 BIRTH, MARRIAGE, CIVIL UNION, DOMESTIC PARTNERSHIP OR DEATH**

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PENALTY FOR FALSE STATEMENT - FIVE HUNDRED DOLLARS (\$500.00)  
 TYPE OR WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

<b>SECTION 1</b>	Name(s) on Original Record					
	Check Box and Enter Date and Location in Space Provided <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Death					
	/ /	(City or Township)	(County)			
	<b>Items Omitted or In Error</b>	<b>As Item APPEARS NOW</b>	<b>As Item SHOULD APPEAR</b>			
<b>SECTION 2</b>	Your Signature	Date	Signature of Witness	Date		
	Address		Address			
<b>SECTION 3</b>	_____, being duly sworn, says that (s)he has knowledge of the facts concerning this event and that all information shown in Section I is true and correct.					
	Your Signature	Age	Relationship	Signature of Witness	Age	Relationship
	Address		Address			
	Subscribed and sworn to before me at _____					
	this _____ day of _____, 20_____.					
Signature			Official Title			
Registrar must list here the type of document seen, the date originally made and its custodian:						

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**IMPORTANT INSTRUCTIONS - READ CAREFULLY**

The following example shows how the form should be completed. Every item except signatures should be PRINTED OR TYPED.

Item Omitted or in Error	As item Appears Now	As item Should Appear
Name of Child	Smith	Alice Marie Smith

**WHO MAY REQUEST CORRECTION OF A BIRTH RECORD**

- PARENT OR PHYSICIAN. If the correction is requested by either parent or by the attendant at birth, complete SECTIONS 1 AND 2.
- INDIVIDUAL NAMED ON RECORD. The correction may be requested by the person whose birth record is incorrect or incomplete. Complete SECTIONS 1 AND 3\*. Documentary proof must be submitted. \*\*
- OTHER PERSON. If the correction is requested by any other person, that person must be an immediate member of the family such as a brother, sister, son, daughter, etc. or an older person who has personal knowledge of the facts concerning the birth. Complete SECTIONS 1 AND 3\*. Documentary proof must be submitted. \*\*

**WHO MAY REQUEST CORRECTION OF A MARRIAGE OR CIVIL UNION RECORD**

- PERSON PERFORMING CEREMONY. If the correction is requested by the person who performed the ceremony, complete SECTIONS 1 AND 2.
- OTHER PERSON. If the correction is requested by any other person, complete SECTIONS 1 AND 3.\* Documentary proof must be submitted.\*\*

**WHO MAY REQUEST CORRECTION OF A DOMESTIC PARTNERSHIP RECORD**

- INDIVIDUAL NAMED ON RECORD. The correction may be requested by the person whose domestic partnership record is incorrect or incomplete. Complete SECTIONS 1 AND 3\*. Documentary proof must be submitted.\*\*
- OTHER PERSON. If the correction is requested by any other person, that person must be an immediate member of the family such as a brother, sister, son, daughter, etc. or an older person who has personal knowledge of the facts concerning the domestic partnership. Complete SECTIONS 1 AND 3\*. Documentary proof must be submitted. \*\*

**WHO MAY REQUEST CORRECTION OF A DEATH RECORD**

- THE FUNERAL DIRECTOR, THE INFORMANT whose name appears, the MEDICAL EXAMINER OR PHYSICIAN who signed the death record. Complete SECTIONS 1 AND 2.
- OTHER PERSON. Any individual having personal knowledge and substantiating documentary proof of the matter needing correction. Complete SECTIONS 1 AND 3\*.

**The authority to sign corrections or amendments to the DATE or PHYSICAL PLACE OF DEATH or to CAUSES or DURATION OF CAUSES OF DEATH is restricted to the Medical Examiner or Physician who signed the original record.**

**WHERE TO FILE THE FORM**

File the form with the local Registrar where the record is filed or with the State Registrar.

\* SECTION 3 must be completed in the presence of an attorney, notary public, or other official authorized to administer oaths.

\*\* Such proof may be a baptismal record, hospital record, elementary school entrance record, old insurance policy, State or Federal census record, or any old document containing the necessary references applicable to the item to be corrected. The document must contain the name and date of birth or age of the individual. A notation of the nature of the proof will be made over the signature of the local or State Registrar or Vital Statistics.