

**NEW YORK STATE
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

APPLICATION FOR CORRECTION OF CERTIFICATE OF BIRTH

RE: INFANT -
DATE OF BIRTH -
PLACE OF BIRTH -
FATHER'S NAME -
MOTHER'S NAME -

DISTRICT NUMBER -
REGISTER NUMBER -
BIRTH NUMBER -

Please correct the certificate of birth identified above, as follows:

ITEM IN ERROR (Or Omitted)	AS IT APPEARS	AS IT SHOULD BE

Documentary evidence submitted herewith in support of this application includes:

EXPLAIN REASON FOR ERROR OR OMISSION:

To be completed by applicant:

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	RELATIONSHIP TO INFANT	DATE
ADDRESS		

To be completed by registrar of vital statistics:

The above information has been added to the local record of birth on file in this office.

SIGNATURE OF REGISTRAR	DISTRICT NUMBER	DATE
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