|   | Wyoming<br>Department<br>of Health                                | Wyo                   |             | ing Application for Correction<br>health.wyo.gov<br>Complete in Ink and print clearly. |                    |                    |           |          | Mail to:                         | Mail to: Vital Statistics Services<br>2300 Capitol Avenue<br>Hathaway Building<br>Cheyenne, WY 82002<br>Ph: 307-777-7591 |           |  |
|---|---|-----------------------|-------------|--|--------------------|--------------------|-----------|----------|----------------------------------|--|-----------|--|
| State Office Use Only   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
| State File Number Date Received   |   |                       |             |  |                    |                    |           |          | Date Completed                   |  |           |  |
| Required Information must match current information on record.  |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   | Record Type:  |                       |             |  |                    | ] Marriage Divorce |           |          |                                  |  |           |  |
| ed  | Name on Record: Date of Eve                                       |                       |             |  |                    |                    |           |          | it:                              | Place of   | Event:    |  |
| Required  | First   | Tirst Middle Last     |             |  |                    |                    |           |          |                                  | City or County   |           |  |
| eq  | Mother/Parent Full Birth Name (Applicant for Marriage or Divorce) |                       |             |  |                    |                    |           |          | (Spouse for Marriage or Divorce) |  |           |  |
| R   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
| D   | First   | Middle                | L           | ast/Maiden   | Fi                 | rst                | Μ         | iddle    |                                  | Last/  | Maiden    |  |
| Return Mailing Address:     Post Office Box or Street Address   City  |   |                       |             |  |                    |                    |           |          | State Zip                        |  |           |  |
| Telephone Number: Email Address:  |   |                       |             |  |                    |                    |           |          | Juit                             |  | νuh       |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
| Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: (Print Clearly) |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
| The record Currently shows: The Correct i   |   |                       |             |  |                    |                    |           | rrect in | nformation is:                   |  |           |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
| Signature of Eligible Party Requesting Correction:     Signature of 2 <sup>nd</sup> parent (if required)                          |   |                       |             |  |                    |                    | require   | d)       |                                  |  |           |  |
| Signature of Engine rarry Requesting Correction. Signature of 2 parent (if requ   |   |                       |             |  |                    |                    | equire    | u)       |                                  |  |           |  |
| Printed Name: Date  |   |                       |             |  | Printed Name: Date |                    |           |          |                                  |  | Date      |  |
|   | nicu Manie.   |                       |             | Date   | 11110              | cu i tame.         |           |          |                                  |  | Dutt      |  |
| Please see back of this document for Instructions, Eligiblity, and what may be used for evidence.                                 |   |                       |             |  |                    |                    |           |          |                                  |  |           |  |
|   |   |                       |             |  |                    |                    |           |          | Fees per                         | # of   | Sub-Total |  |
| Correction Requested  |   |                       |             |  |                    |                    |           |          | copy                             | Copies   | Cost      |  |
| Completing a Delayed or Court ordered action; e.g., Court Ordered Paternities, Court Ordered Name                                 |   |                       |             |  |                    |                    |           | e        | <b>* = =</b> 0.0                 |  |           |  |
| Changes, or any other Court Ordered Change to a certificate. A certified copy of the certificate                                  |   |                       |             |  |                    |                    |           |          | \$55.00                          |  |           |  |
| following the order is included in the fee.   |   |                       |             |  |                    |                    |           |          | <b>**</b>                        |  |           |  |
| Correction not involving Court Action   |   |                       |             |  |                    |                    |           |          | \$20.00                          |  |           |  |
| Replacement Certificate following Correction (Previously issued certificate(s) must be returned)                                  |   |                       |             |  |                    |                    |           |          | \$15.00                          |  |           |  |
| Certified Copy of Birth, Affidavit Acknowledging Paternity, Marriage, or Divorce Certificate following correction                 |   |                       |             |  |                    |                    |           | ving     | \$25.00                          |  |           |  |
| First Certified Copy of Death Certificate following correction  |   |                       |             |  |                    |                    |           |          | \$25.00                          |  |           |  |
| Ade   | litional Certified copy   | y of Death Certificat | e following | correction   |                    |                    |           |          | \$20.00                          |  |           |  |
|   |   |                       |             |  |                    |                    | Total Fee | Sent     |                                  |  |           |  |

# Attach a Photocopy of a Valid Government Issued ID Here.

(Driver's License, State ID Card, Passport, Tribal ID) \*If signature is located on the back, provide copies of both sides.

No staples please – clear tape is preferred.

Or Provide Notary Information here.

## **Birth Certificates:**

- 1. Only a parent named on the record, legal guardian (if the child is under 18 and with copy of court order proving guardianship), or the named individual (if 18 or older) may correct the birth certificate.
- 2. The proof must match the facts. For example, if you want the name to say Mary Ann Doe, the proof must show the name as Mary Ann Doe.
- 3. Documentary proof must be five or more years old or established within five years of birth.

#### Acceptable Evidence used to create an Affidavit of Correction

- Hospital Record A photocopy of the hospital medical record of birth. The person in charge of Medical Records must certify that it is correct.
- Baptismal, Cradle Roll or other Church Record A certificate issued at the time of the baptism, confirmation, or blessing. You must send the **original** record.
- Physician's Record A photocopy of the record of the attending physician at birth may be used. This must be a photocopy of the actual record established at the time of birth, not a computer printout. The doctor must sign the record certifying that it is correct.
- School Records A photocopy of the school record may be used if it shows all required information. An elementary school enrollment record is preferred. The copy must be certified, signed, and dated by the person in charge of the official school records.
- Social Security Administration Record This report is issued by the Social Security Administration and may be used.
- Marriage Record or Application A certified copy of the marriage license application or certificate may be accepted if it gives the information which is required. The application or certificate is filed in the county where the license was obtained. If registrant was married in Wyoming, please provide the names and dates.

## **Court Ordered Changes**

A <u>certified</u> copy of the Court Order must be provided to our office and must state that the Vital Statistics Services office is to amend or create a new certificate. We must keep this document for our files. For questions regarding correcting a birth certificate, please contact the Birth Corrections clerk at 307-777-6041

#### **Death Certificates**

- 1. Only a Parent, Child, Spouse, Informant, Attorney Representing the Decedent or Estate, any Court Appointed Individual for the Decedent or the Funeral Home may correct the death certificate.
- 2. The proof must match the facts. For example, if you want the name to say Mary Ann Doe, the proof must show the name as Mary Ann Doe.

## Acceptable Evidence used to create an Affidavit of Correction

- Certified copy of a Birth Certificate that shows the correct spelling of the name, date of birth, or place of birth.
- If correcting marital status, we will need a certified copy of the Marriage Certificate as well as evidence that shows no divorce has been filed.
- Social Security Administration Record This report is issued by the Social Security Administration and may be used.
- Certified letter from the Doctor who signed the death certificate.

## **Court Ordered Changes**

A <u>certified</u> copy of the Court Order must be provided to our office and must state that the Vital Statistics Services office is to amend or create a new certificate. We must keep this document for our files. For questions regarding correcting a death certificate, please contact the Death Corrections clerk at 307-777-6943

## **Marriage Certificates**

- 1. Only the Applicant or the Spouse may request correction on the certificate or an Attorney representing either party.
- 2. The proof must match the facts. For example, if you want the name to say Mary Ann Doe, the proof must show the name as Mary Ann Doe.

## Acceptable Evidence used to create an Affidavit of Correction

- Certified copy of a Birth Certificate that shows the correct spelling of the name, date of birth, or place of birth.
- Notarized statement from Officiant if correcting the date or place of marriage.

## **Court Ordered Changes**

A <u>certified</u> copy of the Court Order must be provided to our office and must state that the Vital Statistics Services office is to amend or create a new certificate. We must keep this document for our files. For questions regarding correcting a marriage certificate, please contact the Marriage Corrections clerk at 307-777-6943

#### **Divorce Certificates**

1. Applicant must contact the Original Court that filed the Decree of Divorce and request a Correction(s) to the original Decree. For questions regarding correcting a divorce certificate, please contact the Divorce Corrections clerk at 307-777-6943