

## AFFIDAVIT AND APPLICATION FOR CORRECTION OF VITAL RECORD

1. The Office of Health Status Monitoring, Department of Health, State of Hawai'i, is hereby requested to correct the Record of **Marriage** identified as follows:

2. Name of Registrant(s)  Applicant 1 Name & Applicant 2 Name	3. Date of Event
4. Place of Event	5. Certificate Number

The following items on the certificate are to be corrected:

6. Item No.	7. Name of Item	8. Original Entry (If blank, so state)	9. Correct Information
	Applicant I's Title	Bride	
	Applicant's I's Name	<Name listed on Certificate>	<Name listed on Applicant I's amended Birth Certificate>
	Applicant I's Declared Middle	<Declared Middle Name listed on Certificate>	<Name listed on Applicant I's Legal Name Change Document>
	Applicant' I's Declared Surnae	<Declared Surame listed on Certificate>	<Name listed on Applicant I's Legal Name Change Document>

10. The Reason for the request is: Amend Marriage Certificate to reflect current legal status

11. Name of Affiant

12. Relationship of Affiant to Registrant

(Type or Print)

13. Signature of Affiant

Subscribed and sworn to before me,  
this \_\_\_\_\_ day of \_\_\_\_\_  
(Month) (Year)

REF:

\_\_\_\_\_  
(Signature of Notary Public or Dept of Health Personnel)  
Notary Public, \_\_\_\_\_ Judicial Circuit,  
State of \_\_\_\_\_,  
 My commission expires: \_\_\_\_\_  
 Health Dept. Personnel Authorized to Administer Oaths,  
Sec. 338-51, Hawai'i Revised Statutes.

Doc. Date: <u>None at Time of Notarization</u> # Pages: _____
Notary Name: _____ Circuit
Doc. Description <u>Affidavit and</u>
<u>Application for Correction of Vital Records</u>
_____ Stamp Or Seal
Notary Signature _____ Date _____