

AFFIDAVIT FOR CORRECTIONS OF GIVEN NAMES ONLY
FOR CHILDREN 12 AND UNDER

State of _____

Parish/County Of _____

Personally the undersigned appeared before me named below, who being duly Affirmed/Sworn doth depose and say that the following facts concerning the birth of the person named below are as they appear on the original certificate of birth:

NAME AT BIRTH (As it appears on the birth certificate):

Date of Birth – (month, day & year) _____ **Sex** _____

Name of Father _____

Mother's Maiden Name _____

Other & Relationship to child: _____

The undersigned wishes to change the given name (s) of the child to the following:

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

OTHER'S SIGNATURE

Address _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____ 20____

(Seal and Signature of Notary Public)

(Print Notary Name)

Notary ID/Bar # _____ Date Commission Expires: _____