**Section 500.APPENDIX H Affidavits**

**Section 500.ILLUSTRATION C Affidavit and Certificate of Correction**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NOT FOR USE ON RECORDS FILED PRIOR TO JANUARY 1, 1916 | 68555 25M 9-88 | | | | | | | | | | | | | | | For Original Record | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STATE OF ILLINOIS**  **AFFIDAVIT AND CERTIFICATE OF CORRECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Concerning the record of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FULL NAME | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | whose stillbirth occurred | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | death | | | | |
| at |  | | | | | | | in the County of | | | |  | | | | | | , Illinois on the | | | | | | | |  | | | | | | | | | day of | | |  | 19 |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In keeping with the provisions of Paragraph 73-22 of the Vital Statistics Act, Paragraph 73-1 through 73-29, Chapter 111½, Illinois Revised Statutes, 1961, as amended, I hereby certify under oath that the following items appearing on the original certificate identified above are incorrect or missing and should be corrected as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | omitted | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM No. | | |  | | | | | | | | was incorrectly given as | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| and SHOULD READ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | omitted | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM No. | | |  | | | | | | | | was incorrectly given as | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| and SHOULD READ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | omitted | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM No. | | |  | | | | | | | | was incorrectly given as | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| and SHOULD READ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | omitted | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM No. | | |  | | | | | | | | was incorrectly given as | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| and SHOULD READ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | omitted | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM No. | | |  | | | | | | | | was incorrectly given as | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| and SHOULD READ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | omitted | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ITEM No. | | |  | | | | | | | | was incorrectly given as | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| and SHOULD READ | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Address | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Street & No. | | | | |  | | | | | | | | | | | | | | | | Signed | | | |  | | | | | | | | | | | | | | | |
| City & State | | | | |  | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | | | | | | |  | | | | day of | | |  | | | | | | | | | | | | | 19 | |  | | | | |  | | | |
| Address | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Street & No. | | | | | |  | | | | | | | | | | | | | | | Signed | | | | | |  | | | | | | | | | | | | | |
| City & State | | | | | |  | | | | | | | | | | | | | | | Title | | |  | | | | | | | | | | | | | | | | |
| Documents Accepted as Supporting Evidence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Accepted for filing on the | | | | | | | | |  | | | | day of | | |  | | | 19 | | | |  | | | | | By | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Title | | | | | |  | | | | | | |
| VR-400 | | OFFICE OF VITAL RECORDS – ILLINOIS DEPARTMENT OF PUBLIC HEALTH – SPRINGFIELD 62761 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Printed by the Authority of the State of Illinois | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)