

## [Hospital Letterhead]

[Date]

[Requestor's Name]

[Title]

[Facility]

[Street Address]

[City, ST Zip Code]

The State Registrar shall evaluate the correction letter submitted in support of any amendment, and when he or she finds reason to doubt its validity or adequacy, the amendment may be rejected and the requestor advised of the reasons for this action.

To: The Office of Vital Statistics

- Information as shown on the certificate to identify the registrant.

[First Name – Last Name – Date of birth].

Correction Letter required statement:

**The following information was incorrectly recorded at the time of registration of the birth:**

- The incorrect data as listed on the certificate.
- The correct data as they should appear on the certificate.

Sincerely,

[Requestor's signature of representative completing correction letter]

[Your Name]

