

**Public Health Vital Records**  
**APPLICATION FOR AMENDMENT OF MARRIAGE CERTIFICATE**

See instructions and list of suggested evidence on reverse side.

*Please enclose a photocopy of applicant's photo identification when submitting this form.*

State of \_\_\_\_\_  
County \_\_\_\_\_

FOR OFFICE USE ONLY: Certificate # \_\_\_\_\_

**1. Please list information as it currently appears on the marriage certificate you want to amend:**

Name of bride: \_\_\_\_\_

Name of groom: \_\_\_\_\_

County which issued license: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

**2. List items to be corrected:**

Item No.	As now listed on record:	Correct information:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. I hereby swear that the information listed above is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_  
(husband, wife, guardian, or person responsible for filing certificate)

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**4. Fees required**

To correct the record: ..... \$16.00

Number of certified copies of amended record \_\_\_\_\_ x \$16.00 each = \_\_\_\_\_

**Total enclosed:** .....

*Please enclose stamped, self-addressed, business size envelope.*

**FOR VITAL RECORDS USE ONLY:**

Evidence accepted:

Code: \_\_\_\_\_

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Date amended: \_\_\_\_\_

By whom amended: \_\_\_\_\_

**INSTRUCTIONS:**

This application **MUST** be signed in the presence of a notary public.

Corrections made during the first year require one item of documentary evidence. Corrections made more than one year after marriage require two or more items of documentary evidence.

The documentary evidence must have been established five years prior to application or within seven years of the date of marriage. Only original documents or certified copies of the originals are acceptable. Affidavits of Personal Recollection are **NOT** acceptable.

**THE EVIDENCE SUBMITTED MUST LIST THE INFORMATION EXACTLY AS IT IS TO BE SHOWN ON THE MARRIAGE CERTIFICATE AND RELATE TO INFORMATION SHOWN ON THE RECORD.**

**DATE AND PLACE OF MARRIAGE MAY BE CORRECTED ONLY UPON WRITTEN AUTHORIZATION OF THE PERSON PERFORMING THE CEREMONY.**

<b>Suggested document which may be submitted:</b>	<b>Where to obtain:</b>
Baptismal Record .....	Church where baptized
Federal Census Record .....	Bureau of Census P. O. Box 1545 Jeffersonville, IN 47131
Insurance Policy Application .....	Insurance company
School Census Record .....	County Superintendent of Schools In county where attended
Birth Certificate .....	Vital Statistics Office of state where born
Application for original Social Security Number .....	Local Social Security Office
Voter Registration .....	Election Commissioner or County Clerk
Military Service Record .....	Appropriate branch of service

**The documentary evidence, application, and fees should be mailed to:**

**VITAL RECORDS**  
**1033 O STREET, SUITE 130**  
**P. O. BOX 95065**  
**LINCOLN, NE 68509-5065**

*For assistance or more information, feel free to call our office at 402-471-0918.*