

### Affidavit in Support of Amending an Original Record of Live Birth Prior to Adoption if Parent is Deceased

**Requirements:** Type or clearly print in blue or black ink; affidavits with cross outs or white outs will be rejected. Signature is required in the presence of a Notary.

- 1. Applicant's **current** full name: \_\_\_\_\_
  - 2. Full name as it appears on **current** legal birth certificate: \_\_\_\_\_
- (First) (Middle) (Last) (Suffix ex. Jr. or Sr.)

**Original Record of Live Birth Information Prior to Adoption:**

- 3. Full name as it appears on the **original** record of live birth: \_\_\_\_\_
  - 4. Date of birth: \_\_\_\_\_ 5. City or County of birth: \_\_\_\_\_
- (First) (Middle) (Last) (Suffix ex. Jr. or Sr.)
- (MM/DD/YYYY)

**The following information will be added to or changed on the original record of live birth prior to adoption:**

6. Parent's full name as it is **to appear** on original record of live birth prior to adoption:

\_\_\_\_\_

(First) (Middle) (Last name at parent's birth) (Suffix ex. Jr. or Sr.)

This addition or change may not be used for any legal purpose and does not create any legal rights for the child or the parents listed on the record.

**Attestation:**  
*I attest that I am the personal representative of the estate; or nominated in the decedent's will; or relative of the person (described in OAR 333-011-0300(1)(a)(A-G)), and that the name listed above in item #6 to be entered is that of the biological parent that was omitted from the original record of live birth prior to adoption. I understand making a false statement on this affidavit is a Class C felony under ORS 432.993.*

**STOP! Do not sign until notary is present.**

**Relationship to parent to be added (choose one):**  
 Personal Representative of the Estate (If parent is deceased)  
 Nominated Person in the Decedent's Will (If parent is deceased)  
 Relative (If parent is deceased; relationship required)  
 Relationship: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

► Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Subscribed to before me on this \_\_\_ day of \_\_\_\_\_ 20\_\_

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

Seal/Stamp

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.