Nebraska Department of Health and Human Services
Application for Amendment of Marriage Certificate

DEBRASKA Good Life. Great Mission.

	e instructions and list of suggested ev entification when submitting this form.	dence on reverse side. (Please enclose a photocopy of applicant's photo		
Sta	ate of			
County of))		
1.	Please list information as it currently	appears on the marriage certificate you want to amend:		
	Name of bride/party b:			
	Name of groom/party a:			
County which issued license:		Date of marriage:		
2.	List items to be corrected:			
	Item No. As Now Listed on Rec	rd Correct Information		
3.	I hereby swear that the information li	ted above is true and correct to the best of my knowledge.		
	Signature: (Spouse, guardian, or person responsible	or filing certificate)		
	Relationship:			
	Address:			
		State: Zip:		
	State of			
	County of			
		fore me this day of , 20 by		
		Notary Public		
	Fees Required (Please enclose stam) cepted.	ed, self-addressed, business size envelope.) Only exact amount will be		
	To correct the record	= \$16.00		
	Number of certified copies of amended	ecord x \$16.00 each =		
	Total Enclosed	=		
FO	OR VITAL RECORDS USE ONLY.			
5	Evidence Accepted:	Code:		
	1			
	3			
Date Amended				
	By Whom Amended			

INSTRUCTIONS

This application <u>MUST</u> 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 <u>NOT</u> 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.

Suggested document which may be submitted:	Where to obtain:
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 Office P.O. Box 95065 Lincoln, NE 68509-5065

For assistance or more information, feel free to call our office at 402-471-2876.