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

DEBRASKA Good Life. Great Mission.

State of		e instructions and list of suggested evidence entification when submitting this form.)	ce on reverse side. (Please enclose a photocopy of applicant's photo
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: Date of marriage: County which issued license: County of The foregoing instrument was acknowledged before me this day of 20 Notary Public A. Number of certified copies of amended record x \$16.00 each	Sta	ate of	
Name of bride/party b:	Со	unty of)
Name of groom/party a:	1.	Please list information as it currently appea	ears on the marriage certificate you want to amend:
County which issued license:		Name of bride/party b:	
2. List items to be corrected: Item No. As Now Listed on Record Correct Information		Name of groom/party a:	
2. List items to be corrected: Item No. As Now Listed on Record Correct Information		County which issued license:	Date of marriage:
3. I hereby swear that the information listed above is true and correct to the best of my knowledge. Signature: (Spouse, guardian, or person responsible for filing certificate) Relationship: Address: City: State of O County of The foregoing instrument was acknowledged before me this day of Notary Public 4. Fees Required (Please enclose stamped, self-addressed, business size envelope.) Only exact amount will be accepted. To correct the record. = To correct the record. = Total Enclosed. = Total Enclosed. = FOR VITAL RECORDS USE ONLY. Evidence Accepted: 2.	2.	List items to be corrected:	
Signature: (Spouse, guardian, or person responsible for filing certificate) Relationship:		Item No. As Now Listed on Record	Correct Information
Signature: (Spouse, guardian, or person responsible for filing certificate) Relationship:			
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Relationship:		Signature:	
Address:		(Spouse, guardian, or person responsible for filin	ng certificate)
City:		Relationship:	
State of		Address:	
County of		City:	State: Zip:
The foregoing instrument was acknowledged before me thisday of, 20by		State of)	
Notary Public 4. Fees Required (Please enclose stamped, self-addressed, business size envelope.) Only exact amount will be accepted. To correct the record		County of)
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Total Enclosed = FOR VITAL RECORDS USE ONLY. Evidence Accepted: 1		To correct the record	= \$16.00
FOR VITAL RECORDS USE ONLY. Evidence Accepted: Code:		Number of certified copies of amended record	d x \$16.00 each =
Evidence Accepted: Code:		Total Enclosed	=
Evidence Accepted: Code:	FO	R VITAL RECORDS USE ONLY.	
1 2 3 4	5		Code:
3 4		·	
Liste Amended			
Date AmendedBy 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 402-471-2872.