

INSTRUCTIONS – READ CAREFULLY

Pursuant to 1CMC § 26025 of the CNMI Vital Statistics Act, a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, shall be imposed on any person who willfully and knowingly provides statement on an application for an amendment under false or fraudulent purposes.

1. This affidavit will be linked to the original death certificate thus becoming part of the death record. Therefore, when completing, please use black typewriter ribbon or print clearly using black ink.
 - a) DECEDENT’S INFORMATION: Enter the registrant’s (person for whom the record is filed) FIRST NAME, MIDDLE NAME, LAST NAME, SUFFIX, DATE OF BIRTH, SEX, ETHNICITY, CITY AND STATE OF BIRTH on the birth certificate.
 - b) MOTHER’S/PARENT’S NAME: Enter the mother’s/parent’s information in this section.
 - c) FATHER’S/PARENT’S NAME: Enter the father’s/parent’s information in this section.
 - d) COLUMN 1 **“What Item(s) do you want to amend?”** – List the item(s) you want to amend.
 - e) COLUMN 2 **“How Do You Want the Information to Show on The New Certificate?”** – List item(s) how it SHOULD APPEAR on the new certificate.
 - f) REQUESTOR INFORMATION: Enter your information in detail and your relationship to the decedent.

2. Affidavit must be signed by the next of kin if of legal age or a legal representative in the presence of a notary public. This affidavit is sufficient for some minor corrections. However, many corrections must be supported by submission of documentary evidence.
 - a) Suggested sources of documentary evidence:
 - Court order
 - Birth certificate
 - School Record
 - Social Security Record
 - Passport, Military Record, Driver License
 - Municipal ID
 - Voting Registration Record or ID
 - Real ID

AFFIDAVIT IS NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.

IF ASSISTANCE IS NEEDED IN CONNECTION WITH THIS AMENDMENT, CONTACT THIS OFFICE

AT (670) 236-8717 or (670) 234-8950 ext: 2141.

MAIL THIS APPLICATION WITH PAYMENT AND APPLICATION (BRAAF-001) TO:

COMMONWEALTH HEALTHCARE CORPORATION

HEALTH AND VITAL STATISTICS OFFICE

P.O. BOX 500409,

Saipan, Northern Mariana Islands, MP 96950