

6-155-33

WRITE WITH INK OR TYPEWRITE.
AFFIDAVITS FILLED IN WITH
PENCIL WILL NOT BE ACCEPTED.

12-53 500 TIMES PTG. CO., CROOKSTON 4772

Make statements of facts only where the record is incorrect. Do not fill in every blank—only where an error has been made in the original record, or where the facts have been omitted.

State of } ss. **Affidavit To Amend Birth Record Of**
County of } Gunhild Thompson

being duly sworn, says on oath:

That he is the of the above named child, born on December 19, 1897 in Bygland Township, Polk. That the record of birth of said above named child on file in the office of the State Registrar is incorrect and incomplete as follows:

The Record Shows:

(Please print or type)

The Facts Were:

<u>Gunhild Thompson</u>	Name of child.
<u>November 18, 1897</u>	Date of birth.	<u>December 19, 1897</u>
<u>Jacob Thompson</u>	Sex of child.
.....	Father's name.
.....	Father's age.
.....	Father's occupation.
<u>Hage</u>	Father's birthplace.
.....	Mother's maiden name.	<u>Helga Jorgenson</u>
.....	Mother's age.
.....	Mother's birthplace.
.....	No. of child.

The reasons for these errors are:

If other than parent, state source of knowledge of above facts.

That the affidavit is executed for the purpose of correcting and completing the record of birth of said Gunhild Thompson

Subscribed and sworn to before me this day of A. D. 19.....

Notary Public

Signature of Affiant.

My Commission Expires.....

Present Address.