ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
AFFIDAVIT TO CORRECT A RECORD

Identifying information about the registrant as it appears on the original record:

A. Name of Registrant Ira Lamar Willis B. File No. 428

C. Date { Birth / Death } November (Mo.) 30 (Day) 1927 (Year) D. Place Navajo (County) Snowflake (City)

	E. Item on Certificate	F. The following facts are incorrectly stated on original record:	G. The facts should be stated as follows to be correct:
1	File date		Filed Bureau of Vital
2			Statistics, December 17, 1927
3			
4			
5			
6			
7			
8			
9			

STATE OF Arizona
COUNTY OF Maricopa } ss.

I, the affiant, related as Director of Vital Statistics to the person named on line A of this document, do solemnly swear that to the best of my knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE Melvin B. Wise

(SEAL)

AFFIANT'S ADDRESS

Subscribed and sworn to before me this 8 day of March 1952

Notary Public

My Commission Expires Address

STATE OF
COUNTY OF } ss.

I, the affiant, related as to the person named on line A of this document, do solemnly swear that to the best of my knowledge such corrections, as shown, are necessary to make this record correct.

AFFIANT'S SIGNATURE

(SEAL)

AFFIANT'S ADDRESS

Subscribed and sworn to before me this day of 19

Notary Public

My Commission Expires

VS 24 REV. 10-51

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