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: Maria Sandejas B. File No. 109A

C. Date { Birth / ~~Death~~ } February (Mo.) 5 (Day) 1931 (Year) D. Place: Gila (County) Miami (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: |
|---|---|---|
| Child's name | Maria Sandejas | Maria Sandejas |
| Father's name | Pedro Sandejas | Pedro Sandejas |

STATE OF Arizona
COUNTY OF Gila } ss.

I, the affiant, related as Aunt 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 X Mrs. Lucy Medina

AFFIANT'S ADDRESS P.O. Box - 81 Claypool, Arizona

(SEAL)

Subscribed and sworn to before me this 26th day of July, 1956

Notary Public Dora C. Aguirre

My Commission Expires May 11, 1960 Address Miami, Ariz.

STATE OF Arizona
COUNTY OF Gila } ss.

I, the affiant, related as Aunt 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 X Consuelo Medina

AFFIANT'S ADDRESS X Box 81 Claypool Ariz.

(SEAL)

Subscribed and sworn to before me this 26th day of July, 1956

4322-2025-3411 Notary Public Dora C. Aguirre

My Commission Expires May 11, 1960 Address Miami Box 1415

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