

**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: Jose Montes Castaneda B. File No. 2767
 C. Date of Death: April 22 1952 D. Place: Gila County: Miami
 E. Item on Certificate: No. 1 Year: 1952 City: Miami

F. The following facts are incorrectly stated on original record:		G. The facts should be stated as follows to be correct:	
1	Name of deceased	Jose Montes Castaneda	Jose Maria Castaneda
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STATE OF Arizona } I, the affiant, related as SON to the
 COUNTY OF Gila } ss. 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: Jose Montes Castaneda Jr.
 AFFIANT'S ADDRESS: P.O. Box 576 Clarendon Ariz.
 Subscribed and sworn to before me this 6th day of May 1953
 Notary Public: [Signature]
 My Commission Expires: 1-24-55 Address: Miami, Arizona

STATE OF Arizona } I, the affiant, related as SON to the
 COUNTY OF Gila } ss. 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: [Signature]
 AFFIANT'S ADDRESS: P.O. Box 585 Clarendon Arizona
 Subscribed and sworn to before me this 6th day of May 1953
 Notary Public: [Signature]
 My Commission Expires: 1-24-55 Address: Miami, Arizona