

**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 Dwight Lewis Ricks B. File No. 8082
 C. Date ~~Birth~~ September 29 1962 D. Place Maricopa Phoenix
Death Mo. DAY YEAR COUNTY 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	Item 6B	Lynne Ricks	Eluned Ricks
2	Item 16, Informant's name	Lynne Ricks	Eluned Ricks
3			
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STATE OF Arizona }
 COUNTY OF Maricopa } ss. I, the affiant, related as Widow 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 Eluned Ricks

(SEAL)

AFFIANT'S ADDRESS 2801 W. Van Buren, # 28, Phoenix, Arizona

Subscribed and sworn to before me this 5 day of March, 1963

Notary Public Nancy Dawson

My Commission Expires April 4, 1964 Address Phoenix, Arizona

STATE OF Arizona }
 COUNTY OF Maricopa } ss. I, the affiant, related as Funeral Director 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 A. L. Moore & Sons

(SEAL)

AFFIANT'S ADDRESS 333 W. Adams St., Phoenix, Arizona

Subscribed and sworn to before me this 5 day of March, 1963

Notary Public Nancy Dawson

My Commission Expires April 4, 1964 Address Phoenix, Arizona