COUNTY of SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

20979

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER ☐ BIRTH ☒ DEATH ☐ FETAL DEATH 39043-004887 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART II INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1A. NAME-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
Theresa	M.	Federico

2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
F	July 17, 1990	Gilroy	Santa Clara

AMENDED 2 OF 2

5. FULL NAME OF FATHER	6. FULL MAIDEN NAME OF MOTHER
Carmine Mutascio	Jenny Vetrano

PART I STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
20	Mr. Serevino Federico (husband)	Mr. Severino Federico (husband)
	P.O. Box 658	P.O. Box 658
	San Martin, Ca 95046	San Martin, Ca 95046

REASON FOR CORRECTION 9. incorrect spelling

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	10C. DATE SIGNED
▶ [signature]	Office Manager	Aug 28, 1990

10D. AGE OF PERSON COMPLETING THE AFFIDAVIT	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
34	791 So. 2nd St. San Jose, Ca 95112

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	11C. DATE SIGNED
▶ [signature]	Counselor	Aug. 28, 1990

11D. AGE OF PERSON COMPLETING THE AFFIDAVIT	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)
31	791 So. 2nd St. San Jose, Ca 95112

STATE/LOCAL REGISTRAR USE ONLY

12. OFFICE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
▶ Stephen A. Coray M.D	AUG 28 1990

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 24 (REV. 1/89) 88 30348

H308618

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) ss

DATE ISSUED AUG 28 1990
BY Stephen A. Coray M.D

This is a true and exact reproduction of the document officially registered and placed in the file in the VITAL RECORDS SECTION OF DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON, COUNTY OF KLAMATH ss.

Filed for record at request of S. F. Federico the 17th day of Oct A.D. 19 90 at 1:12 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 20977.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $18.00