

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
Bureau of Health Statistics

TRANSMITTAL CORRECTION

Complete all sections
Email form to ACH@idph.iowa.gov

COUNTY REGISTRAR OR DESIGNEE: COMPLETE THIS FORM. TYPE OR PRINT LEGIBLY.

SECTION 1

County	ACH Period (Week Range Begin Date and Week Range End Date)
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SECTION 2 IDENTIFY ITEM(S) TO BE CORRECTED

- 1: Location and Range
- 2: # of Original Marriages
- 3: # of Marriage Applications Processed
- 4: Sealing Notices – Year/Week#
- 5: Birth/Death Match – Year/Week #
- 6: IVES Control Numbers
- 7: Non-IVES Control Numbers
- 8: Damaged / Exchanged / Unaccounted Control Numbers

SECTION 3 Item Description & Correction

Item Description for Section 2: Identify the incorrect item(s) and provide the corrected value.

Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____

SECTION 4. Affirmation – County Registrar, or designee, must sign and date

COUNTY REGISTRAR OR DESIGNEE	Title
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DATE	DAYTIME PHONE# (Include Area Code & Extension)
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