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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
COWLITZ COUNTY

XXXXXXXXXX XXXXXXXXXXXX,	)	Case No.:	_____
	)		
Plaintiff,	)	<b>Pro Se</b>	
	)	<b>COMPLAINT FOR CORRECTION OF</b>	
vs.	)	<b>CERTIFICATE OF LIVE BIRTH</b>	
	)	<b>(CMP)</b>	
<b>TERESA J. JENNINGS</b> , in her official	)	(No Mandatory Form Developed)	
capacity as State Registrar and	)		
Director of the Center for Health	)		
Statistics, and the	)		
<b>WASHINGTON STATE DEPARTMENT OF</b>	)		
<b>HEALTH</b> , a state agency,	)		
	)		
Defendants.	)		

1. INTRODUCTION

The Plaintiff, XXXXXXXXXXX XXXXXXXXXXX of XXXXXXXXXXX XXXXXXXXXXX, Maryland, comes before aforesaid court and files the following Complaint for Correction of Certificate of Live Birth.

2. PARTIES

2.1 IDENTIFICATION AND ADDRESS OF PLAINTIFF

1) XXXXXXXXXXX XXXXXXXXXXX of XXXXXXXXXXX XXXXXXXXXXX Drive, XXXXXXXXXXX XXXXXXXXXXX, Maryland, 20000-0000.

2.2 IDENTIFICATION AND ADDRESS OF DEFENDANTS

1) State Registrar and Director (currently TERESA J. JENNINGS), Center for Health Statistics, Washington State Department of Health, 101 Israel Road SE, Olympia, Washington, 98504-7814.

1 2) WASHINGTON STATE DEPARTMENT OF HEALTH, 101 Israel Road SE, Olympia,  
2 Washington, 98504-7890.

### 3. JURISDICTION AND VENUE

#### 3.1 JURISDICTION

6 1) This Court has jurisdiction under RCW Chapter 2.08 (Superior  
7 courts); RCW Chapter 4.92 (Actions and claims against state); RCW  
8 Chapter 4.12 (Venue - jurisdiction); and the inherent power of the  
9 judiciary under Article IV, Section 6 of the Washington  
10 Constitution.

#### 3.2 VENUE

12 1) Venue is proper in the Superior Court of Cowlitz County pursuant to  
13 RCW 4.92.010 (Where brought - Change of venue).

### 4. CAUSE OF ACTION

#### 4.1 RECORD REQUIRED

17 1) The Plaintiff requires a corrected certified copy of said  
18 Certificate of Live Birth for inclusion in an application before the  
19 Consulate General of the Republic of Italy in Washington, District  
20 of Columbia, United States of America, for recognition of dual  
21 American-Italian citizenship *jure sanguinis*.

#### 4.2 REQUIREMENTS FOR CHANGE

24 1) The Defendant requires that the Plaintiff produce a Court Order from  
25 a judge or magistrate to make the requested correction.

### 5. STATEMENT OF FACTS

#### 5.1 DATE AND PLACE OF PLAINTIFF'S BIRTH

29 1) The Plaintiff respectfully represents that they were born in the  
30 City of XXXXXXXXXX in the County of Cowlitz and the State of  
31 Washington, on the XX<sup>th</sup> day of May 1700.

1 **5.2 LOCATION OF ORIGINAL RECORD OF BIRTH**

2 1) The record of Plaintiff's birth appears in the records of the  
3 Washington State Department of Health (a certified copy of which is  
4 hereto attached as Exhibit 1).

5  
6 **5.3 ERRORS**

7 1) That said Certificate of Live Birth contains the following errors  
8 and omissions, viz:

- 9 a) The name of the Plaintiff's mother, recorded on the Certificate
- 10 of Live Birth as XXXXXXXXXX XXXXXXXXXXXX, is in error; and,
- 11 b) The age of the Plaintiff's mother, recorded on the Certificate of
- 12 Live Birth as XX years, is in error; and,
- 13 c) The age of the Plaintiff's father, recorded on the Certificate of
- 14 Live Birth as XX years, is in error.

15  
16 **5.4 FACTS**

17 1) That said erroneous facts and omissions in aforementioned  
18 Certificate of Live Birth should correctly appear as follows, to  
19 wit:

- 20 a) The name of the Plaintiff's mother should be recorded on the
- 21 Certificate of Live Birth as XXXXXXXXXX XXXXXXXXXXXX; and,
- 22 b) The age of the Plaintiff's mother should be recorded on the
- 23 Certificate of Live Birth as XX years; and,
- 24 c) The age of the Plaintiff's father should be recorded on the
- 25 Certificate of Live Birth as XX years.

26  
27 **5.5 EVIDENCE OF FACTS**

28 1) In support of the request for correction, the Plaintiff supplies the  
29 following documents demonstrating the correct information:

- 30 a) The Certificate of Birth for XXXXXXXXXXXX XXXXXXXXXXXX (a certified
- 31 copy of which is hereto attached as Exhibit 2), as issued and
- 32 certified by the Commonwealth of Pennsylvania;

- 1 b) The Certificate of Birth for XXXXXXXXXX XXXXXXXXXX (a certified  
2 copy of which is hereto attached as Exhibit 3), as issued and  
3 certified by the State of Texas;
- 4 c) The Certificate of Marriage for XXXXXXXXXX XXXXXXXXXX (a certified  
5 copy of which is hereto attached as Exhibit 4), as issued and  
6 certified by the State of Delaware, showing marriage to the  
7 father (XXXXXXXXXX XXXXXXXXXX) listed on Plaintiff's Certificate of  
8 Live Birth, thus confirming correct and true parents names; and,
- 9 d) The Certificate of Death for XXXXXXXXXX XXXXXXXXXX (a certified  
10 copy of which is hereto attached as Exhibit 5), as issued and  
11 certified by the State of Washington, confirms the correct name  
12 and spelling of the Plaintiff's mother; and,
- 13 e) The Certificate of Death for XXXXXXXXXX XXXXXXXXXX (a certified  
14 copy of which is hereto attached as Exhibit 6), as issued and  
15 certified by the State of Washington, shows the name of the  
16 spouse and informant as XXXXXXXXXX XXXXXXXXXX, confirms the correct  
17 name and spelling of the Plaintiff's mother, and confirms the  
18 correct date of birth for Plaintiff's father.

19  
20 **6. RELIEF**

21 **6.1 RELIEF REQUESTED**

22 1) It is respectfully requested that Your Honorable Court enter an  
23 Order directing the State Registrar and Director, Center for Health  
24 Statistics for the Washington State Department of Health to correct  
25 the Certificate of Live Birth for the Plaintiff:

- 26 a) To record the full maiden name of the Plaintiff's mother as  
27 XXXXXXXXXX XXXXXXXXXX; and,
- 28 b) To record the age of the Plaintiff's mother at the time of birth  
29 as XX years; and,
- 30 c) To record the age of the Plaintiff's father at the time of birth  
31 as XX years; and,
- 32

1 d) Issue a new certified long form copy of corrected record to said  
2 Plaintiff within fifteen (15) days of service of the Court Order  
3 upon the Defendants.  
4

5 Respectfully submitted and DATED this Xth day of XXXXXXXXXXXX, 2009.  
6  
7

8 \_\_\_\_\_  
9 Plaintiff - XXXXXXXXXXXX XXXXXXXXXXXX  
10

11 **DECLARATION**

12 I declare under penalty of perjury under the laws of the State of  
13 Washington that the foregoing is true.  
14  
15

16 \_\_\_\_\_  
17 Plaintiff - XXXXXXXXXXXX

\_\_\_\_\_ Print Name

18 **NOTARY PUBLIC**

19 The undersigned, being a Notary Public certified in the State of Maryland,  
20 declares that this Complaint was subscribed, sworn to, and acknowledged  
21 before me by XXXXXXXXXX XXXXXXXXXXXX, Plaintiff, this \_\_\_\_ day of \_\_\_\_\_,  
22 2009. The person making this Complaint (the Plaintiff) appears to me to be  
23 of sound mind and free from duress.  
24

25 WITNESS MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 2009.  
26  
27

28 \_\_\_\_\_  
29 Notary Public  
30  
31

32 \_\_\_\_\_  
Commission Expiration Date