

Application for Correction of Certificate of Death

See Reverse Side for Instructions

Deceased	District Number
Date of Death	Register Number
Place of Death	State Number

I, _____ of _____
(name of applicant)

_____ (address of applicant)

request that the following information amend the certificate of death identified above:

ITEM IN ERROR (or omitted)	AS IT APPEARS	AS IT SHOULD BE

Documentary evidence submitted herewith in support of this application includes:

Explain reason for error or omission:

TO BE COMPLETED BY THE APPLICANT		
Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.		
_____ Signature of Applicant	_____ Relationship to Deceased	_____ Date

TO BE COMPLETED BY REGISTRAR OF VITAL STATISTICS		
The above information has been added to the local record of death on file in this office.		
_____ Signature of Registrar	_____ District Number	_____ Date

