



# AMENDMENT TO DEATH RECORD

Center for Policy Planning and Evaluation  
Vital Records Division

TODAY'S DATE:

AFFIVADIT NUMBER:

CERTIFICATE NUMBER:

CERTIFICATE FEE:      x QUANTITY REQUESTED

=

+

AMENDMENT FEE:

TOTAL PAYMENT SUBMITTED =

\*\*\* QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE

UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD

CHECK/MONEY ORDER

NAME ON DEATH RECORD:

DATE OF DEATH:

DESCRIPTION OF AMENDMENT:

SUPPORTING DOCUMENTATION PROVIDED TO SUPPORT AMENDMENT TO RECORD:

I hereby certify and affirm that I as the applicant or as either a member of the immediate family (mother, father, brother, and sister), guardian or legal representative have entitlement to make the above additions/corrections to the ~~an~~ record referenced above. A fine of not more than \$12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

- (A) A report;
- (B) A request to amend or correct a vital record, including any associated evidence
- (C) request for a certified copy or verification of a vital record;
- (D) A request for access to information in vital records; or
- (E) A request for creation of a vital record, including delayed records.

Name:

Email Address:

Phone Number

Signature:

Relationship:

Current Address:

Accepted for filing by:

Date Accepted: