



OCME DEATH AMENDMENT
Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE:

DATE OF DEATH:

CERTIFICATE NUMBER:

NAME OF DECEDENT:

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

CAUSE OF DEATH:

NAME OF APPLICANT:

RELATIONSHIP TO DECEDENT:

DESCRIPTION OF AMENDMENT:

I hereby certify and affirm that I am legally entitled to make the above amendment to this death record. The applicant must entitlement to make the above additions/corrections to the death record referenced above. Pursuant to § 7-231.28 (a), 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.

Medical Examiner Signature:

Title:

Address:

Date Signed:

Cremation or Anatomical Stamp Approval:

Funeral Director Signature:

Date Accepted:

Phone number:

Email:

Address:

Accepted for filing by:

Date Filed: