

North Carolina Office of Vital Records
Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
	All proofs must be undamaged, valid originals or certified copies. Photocopies will not be accepted.
Amending a Minor Spelling Error* in any name(s) for the Decedent	<ul style="list-style-type: none"> • Birth certificate of decedent (out-of-state/country must be certified); OR
*Minor spelling errors include errors affecting 1-2 letters of a given name where the amendment does not constitute a legal name change	<ul style="list-style-type: none"> • Certificate of Naturalization for foreign births; OR
	<ul style="list-style-type: none"> • Certified copy of marriage license/certificate of decedent (out-of-state/country must also be certified); OR
	<ul style="list-style-type: none"> • Certified copy of child's birth certificate with decedent's information; OR
	<ul style="list-style-type: none"> • Form I-94 for refugees; OR
	<ul style="list-style-type: none"> • Government-issued driving credential or identification card (e.g., NCDMV drivers license, etc.); OR
	<ul style="list-style-type: none"> • Passport of decedent; OR
	<ul style="list-style-type: none"> • Social Security Numident Report for decedent; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Legal Name Change for the Decedent	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Decedent Alias/AKA	<ul style="list-style-type: none"> • Signed/notarized statement from the informant
Decedent Birthplace	<ul style="list-style-type: none"> • Certified copy of birth certificate of decedent; OR
	<ul style="list-style-type: none"> • Certificate of Naturalization for foreign births; OR
	<ul style="list-style-type: none"> • Certified copy of marriage license/certificate of decedent (out-of-state/country must also be certified); OR
	<ul style="list-style-type: none"> • Certified copy of child's birth certificate with decedent's information; OR
	<ul style="list-style-type: none"> • Form I-94 for refugees; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
	** If the requirement for proof is a birth certificate and the person was born in NC then NCOVR will search as a courtesy **
Maiden Name	<ul style="list-style-type: none"> • Certified copy of original, unamended birth certificate of decedent; OR
	<ul style="list-style-type: none"> • Certificate of Naturalization for foreign births; OR
	<ul style="list-style-type: none"> • Certified copy of marriage license/certificate of decedent (out-of-state/country must also be certified); OR
	<ul style="list-style-type: none"> • Certified copy of child's birth certificate with decedent's information; OR
	<ul style="list-style-type: none"> • Form I-94 for refugees; OR

North Carolina Office of Vital Records
Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Sex	<ul style="list-style-type: none"> • Certified copy of birth certificate of decedent; OR • Government-issued driving credential or identification card (e.g., NCDMV drivers license, etc.); OR • Certificate of Naturalization for foreign births; OR • Form I-94 for refugees; OR • Passport of decedent; OR • Court order reflecting the information requested to be amended
Age & Date of Birth	<ul style="list-style-type: none"> • Certified copy of birth certificate of decedent; OR • Certificate of Naturalization for foreign births; OR • Form I-94 for refugees; OR • Passport of decedent; OR • Social Security Numident Report for decedent; OR • Court order reflecting the information requested to be amended
Date of Death	<ul style="list-style-type: none"> • Signed statement from the medical certifier or the medical examiner who signed the decedent's death certificate. If the certifier is unavailable, the statement may be signed by the certifier's authorized medical associate or the chief medical officer for the certifier's facility; OR • Court order reflecting the information requested to be amended
Time of Death	<ul style="list-style-type: none"> • Signed statement from the medical certifier or the medical examiner who signed the decedent's death certificate. If the certifier is unavailable, the statement may be signed by the certifier's authorized medical associate or the chief medical officer for the certifier's facility; OR • Court order reflecting the information requested to be amended
Social Security Number	<ul style="list-style-type: none"> • Social Security Card of the decedent; OR • Social Security Benefit Statement-SSA 1099 of the decedent; OR • Verification letter from Social Security Administration regarding the decedent; OR • Report of Confidential Social Security Benefit Information (SSA-2458) for the decedent; OR • Report of Survivor Benefits from Social Security Administration for the decedent; OR • Filed tax return; OR • Verification letter from the US Office of Personnel Management for federal retirees; OR • Medicare/Medicaid Card - used for minor corrections only-such as transposed numbers or one number wrong (The Medicare Card must show the Social Security Number); OR

North Carolina Office of Vital Records
Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
	<ul style="list-style-type: none"> Railroad Benefits Statement 1099-R for railroad retirees; OR
	<ul style="list-style-type: none"> DD214; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Place of Death	<ul style="list-style-type: none"> Signed statement from the medical certifier or the medical examiner who signed the decedent's death certificate. If the certifier is unavailable, the statement may be signed by the certifier's authorized medical associate or the chief medical officer for the certifier's facility
	<ul style="list-style-type: none"> Signed statement from the transporter who removed the remains from the place of death; OR
	<ul style="list-style-type: none"> Signed statement from the funeral director who witnessed the removal of remains from the place of death; OR
	<ul style="list-style-type: none"> Treatment report from the emergency medical services provider that removed the remains from the place of death; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Changing Place of Death Type to Facility	<ul style="list-style-type: none"> Statement from facility director on letterhead that verifies decedent lived in the facility; OR
	<ul style="list-style-type: none"> Signed statement from the medical certifier or the medical examiner who signed the decedent's death certificate. If the certifier is unavailable, the statement may be signed by the certifier's authorized medical associate or the chief medical officer for the certifier's facility; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
County of Death	<ul style="list-style-type: none"> Signed statement from the medical certifier or the medical examiner who signed the decedent's death certificate. If the certifier is unavailable, the statement may be signed by the certifier's authorized medical associate or the chief medical officer for the certifier's facility; OR
	<ul style="list-style-type: none"> Signed statement from the transporter who removed the remains from the place of death; OR
	<ul style="list-style-type: none"> Signed statement from the funeral director who witnessed the removal of remains from the place of death; OR
	<ul style="list-style-type: none"> Treatment report from the emergency medical services provider that removed the remains from the place of death; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Armed Forces Affiliation	<ul style="list-style-type: none"> Military discharge (DD214); OR
	<ul style="list-style-type: none"> VA Identification card; OR
	<ul style="list-style-type: none"> Notarized, statement from informant or closest family member that decedent never served in the military (to remove armed forces marker); OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended

North Carolina Office of Vital Records
Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
Martial Status	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Minor Correction to Surviving Spouse Name	<ul style="list-style-type: none"> • Birth certificate of spouse listed on certificate; OR
*Minor spelling errors include errors affecting 1-2 letters of a given name where the amendment does not constitute a legal name change	<ul style="list-style-type: none"> • Decedent's Marriage certificate; OR
	<ul style="list-style-type: none"> • Spouse government-issued driving credential or identification card (e.g., NCDMV drivers license, etc.); OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Adding or Changing Surviving Spouse Name	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Occupations/Kind of Business	<ul style="list-style-type: none"> • Statement from employer or employment record; OR
	<ul style="list-style-type: none"> • Federal Tax Return (closest to year of death); OR
	<ul style="list-style-type: none"> • W-2; OR
	<ul style="list-style-type: none"> • Notarized, signed statement from the informant; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Residence	<ul style="list-style-type: none"> • Utility bill that includes name and address (closest to date of death); OR
*Minor correction to obvious typographical error in residential address	<ul style="list-style-type: none"> • Medical bill that includes name and address (closest to date of death); OR
	<ul style="list-style-type: none"> • Telephone bill that includes name and address (closest to date of death); OR
	<ul style="list-style-type: none"> • Government-issued driving credential or identification card (e.g., NCDMV drivers license, etc.); OR
	<ul style="list-style-type: none"> • Property tax statement or verification letter from property tax department to correct the county of residence (closest to year of death); OR
	<ul style="list-style-type: none"> • Vehicle tax statement (proof for county of residence); OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Changing Residence (Address, City, State, County or Country)	<ul style="list-style-type: none"> • Social Security Benefit Statement-SSA 1099 (closest to year of death); OR
	<ul style="list-style-type: none"> • Decedent's Social Security Statement Form (Estimated Benefits); OR
	<ul style="list-style-type: none"> • Homestead Exemption; OR
	<ul style="list-style-type: none"> • Medicare billing statement (closest to date of death); OR
	<ul style="list-style-type: none"> • Government-issued driving credential or identification card (e.g., NCDMV drivers license, etc.); OR
	<ul style="list-style-type: none"> • Federal Tax Return verifies address (closest to year of death); OR
	<ul style="list-style-type: none"> • 1099-R Federal Retiree statement; OR

North Carolina Office of Vital Records
Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
	<ul style="list-style-type: none"> Property tax statement to support the county of residence in addition to one of the above proofs (closest to year of death); OR
	<ul style="list-style-type: none"> Vehicle tax record to correct county of residence; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Changing Residence to a Facility	<ul style="list-style-type: none"> Statement from facility director on letterhead that verifies decedent lived in the facility; OR
	<ul style="list-style-type: none"> Signed statement from the medical certifier or the medical examiner who signed the decedent's death certificate. If the certifier is unavailable, the statement may be signed by the certifier's authorized medical associate or the chief medical officer for the certifier's facility; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Hispanic Origin/Race	<ul style="list-style-type: none"> Record from rolls of federal or state recognized Indian tribes; OR
	<ul style="list-style-type: none"> A notarized affidavit from the tribal chief, attesting to the fact that one or both of the parents are American Indian. (A tribal membership card is not sufficient by itself. The notarized affidavit is still required.); OR
	<ul style="list-style-type: none"> Birth certificate of decedent that supports the requested race (including foreign births) (if a record was recorded) (out-of-state/country must be certified); OR
	<ul style="list-style-type: none"> Parents' officially registered marriage license/certificate that supports the parent's requested race (out-of-state/country must be certified); OR
	<ul style="list-style-type: none"> Birth certificate of the oldest child born to the same parent(s) as the applicant that supports the requested race(out-of-state/country must be certified); OR
	<ul style="list-style-type: none"> Census Record, closest to the year of the parent(s') birth, that supports the requested race; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Education	<ul style="list-style-type: none"> Signed statement on letterhead from school official verifying years completed; OR
	<ul style="list-style-type: none"> Cumulative school record that shows grade completed; OR
	<ul style="list-style-type: none"> College transcript for decedent; OR
	<ul style="list-style-type: none"> Signed/notarized statement from the informant; OR
	<ul style="list-style-type: none"> Court order reflecting the information requested to be amended
Minor Correction to Parent's Name	<ul style="list-style-type: none"> Birth certificate of decedent (out-of-state/country must be certified); OR

North Carolina Office of Vital Records
Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
*Minor spelling errors include errors affecting 1-2 letters of a given name where the amendment does not constitute a legal name change	<ul style="list-style-type: none"> • Marriage license/certificate of decedent if shows parents' names (out-of-state/country must be certified); OR
	<ul style="list-style-type: none"> • Social Security Numident Report; OR
	<ul style="list-style-type: none"> • Census Records – nearest after the year of birth (example: 1905 birth would be the census for 1910); OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Adding or Changing Parent's Name	
Informants Name	
Minor Correction to Informant's Name	<ul style="list-style-type: none"> • Birth certificate of informant (out-of-state/country must be certified); OR
*Minor spelling errors include errors affecting 1-2 letters of a given name where the amendment does not constitute a legal name change	<ul style="list-style-type: none"> • Marriage license/certificate (out-of-state/country must be certified); OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Change Informant Completely	
Informants Relationship to Decedent	<ul style="list-style-type: none"> • Birth certificate(s) to support the alleged relationship (out-of-state/country must be certified); OR
	<ul style="list-style-type: none"> • Court order when changing the relationship from spouse to friend, companion, etc.; OR
	<ul style="list-style-type: none"> • Court order when changing the relationship to spouse or partner; OR
	<ul style="list-style-type: none"> • If changing relationship to friend, signed notarized statement from the informant
Informants Address	<ul style="list-style-type: none"> • Utility bill that includes name and address (closest to date of death); OR
	<ul style="list-style-type: none"> • Telephone bill that includes name and address (closest to date of death); OR
	<ul style="list-style-type: none"> • Medical bill that includes name and address (closest to date of death); OR
	<ul style="list-style-type: none"> • Bank statement that includes name and address (closest to date of death); OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Method of Disposition	<ul style="list-style-type: none"> • Statement from funeral home representative explaining disposition error and a notarized statement from the informant
	<p>If the decedent was cremated and the ashes were then buried, the method of disposition is still cremation; OR</p>

North Carolina Office of Vital Records
 Death Certificate Amendment Proof Requirements

Death Certificate Field Modification	Required Proofs
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Place of Disposition	<ul style="list-style-type: none"> • Letter from a representative at the cemetery listed on the death certificate stating the decedent was never buried at that location; AND
	<ul style="list-style-type: none"> • Letter from a representative at the correct cemetery stating the date the decedent was buried at that location
	<p>If the decedent was buried at one location and later moved to another location, a letter from a representative at the cemetery listed on the death certificate stating the decedent will be disinterred from their location including scheduled disinterment date and plot location; AND a letter from a representative at the new cemetery stating the date the decedent will be reinterred including the plot location</p>
	<ul style="list-style-type: none"> • Letter from the crematory where the decedent was cremated; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Funeral Home information	
Funeral Home Name	<ul style="list-style-type: none"> • Business License; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Change Address of Funeral Home	<ul style="list-style-type: none"> • Business License; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended
Change Embalmers Name & License Number	<ul style="list-style-type: none"> • Copy of Embalmer's license; OR
	<ul style="list-style-type: none"> • Court order reflecting the information requested to be amended