

DEATH CERTIFICATE AMENDMENT APPLICATION

1. DECEDENT'S NAME		2. SEX	3. DECEDENT'S SOCIAL SECURITY NUMBER	
4. DATE OF DEATH	5. COUNTY OF DEATH	6. FACILITY NAME		
7. CERTIFICATE NO.		8. DATE FILED	9. FATHER/PARENT FIRST, MIDDLE, LAST (If applies, Last Name prior to First Marriage)	
10. MOTHER/PARENT FIRST, MIDDLE, LAST (If applies, Last Name prior to First Marriage)				
11. ITEMS IN ERROR, ITEM AS IT APPEARS, ITEM AS IT SHOULD BE				

I do solemnly swear that: (1) I have personal knowledge of the correctness of the statements made in this application; (2) That the facts listed under Item 11 of this application were incorrectly stated or omitted at the time of death; (3) That the amendment requested under Item 11 of this application will change the original record so as to make it reflect the true facts.

12. Signature _____

13. Address _____
(Street or RFD) (City) (State) (Zip Code)

14. Relationship _____ 15. Telephone Number _____

16. Documentary evidence submitted: _____

Sworn to and subscribed before me this the _____ day of _____ 20 _____

My Commission Expires: _____
(Date) Notary Public or Register of Deeds

(SEAL) County _____ State _____