

Application for Correction of Certificate of Death

See Reverse Side for Instructions

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|----------------|-----------------|
| 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 |
|-------------------------------|---------------|-----------------|
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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

IMPORTANT, PLEASE NOTE:

1. The document submitted must include sufficient information to identify the death certificate to be corrected.
2. The document must verify the information to be corrected. If the spelling of the name is incorrect, the document must show correct spelling; if age is incorrect, the document must show correct date of birth, etc.
3. A document which has been altered cannot be accepted as proof for a correction.
4. Insurance policies and applications for insurance ARE NOT ACCEPTABLE as evidence to correct age and date of birth of deceased.
5. Certified document is required, photocopy or other reproduction IS NOT ACCEPTABLE unless certified by the custodian of the original record.

FOR CORRECTING: Name of Deceased, Date of Birth, Place of Birth or Names of Parents of Deceased:

1. Birth Certificate of Deceased: Send certified copy. If birth occurred after 1880 in New York State (outside of New York City), furnish name, place and date of birth and names of parents so we may locate the certificate in our files.
2. Baptismal Certificate or other Church or Synagogue Record: Record must bear the raised seal of the church or synagogue or must be made on stationery of church or synagogue and be signed by present custodian of records.
3. Armed Forces Discharge: Send copy of official papers.
4. Naturalization Papers or Alien Registration Card: Send original papers by registered mail. It is illegal to make copies of these documents. After review, original papers will be returned by registered mail.
5. Hospital Record or Physician's Office Record of Death: Send certified copy, signed by physician or person having custody of hospital records.
6. Federal Census Record: A Federal Census was taken on the following dates: June 1, 1900; April 15, 1910; January 1, 1920; April 1, 1930, 1940, 1950, 1960, 1970, 1980 and 1990. A record may be obtained by writing to the U.S. Census Bureau, Pittsburgh, Kansas, giving full name of person whose certificate is to be corrected, names of parents and exact address at which he/she lived on the dates when a census was taken. Because of the heavy demand, it may take a month or longer to receive the census record. There is a fee of \$25.00 for this service. The fee must be in the form of a money order or check, payable to the Census, Department of Commerce. An application form is enclosed for your convenience.
7. Early School Record: Must be made on the stationery of the school (report cards and diplomas are not acceptable), must show the name of the individual, date of birth (or date document was made and age at that time) and names of parents.

Marital Status of Deceased:

8. Marriage Record of Deceased: Send certificate of marriage record, license and application (full record of marriage is required). If license was issued in New York State (outside of New York City), simply furnish the names of both parties (including the maiden name of wife), place and date of marriage and place of issuance of license.
9. Affidavit From Surviving Spouse: Sworn statement, signed in the presence of a notary public, indicating that he/she is the legal surviving spouse, setting forth place and date of marriage and stating that the marriage was never legally dissolved by divorce or annulment.
10. Affidavit of Informant: Sworn statement, signed in the presence of a notary public, by person who furnished funeral director with information for death record; indicating the reason why incorrect information was furnished at the time the death certificate was prepared and stating the true marital status of the deceased at the time of death along with the full name of the legal surviving spouse.

Date of Death or Time of Death:

11. Hospital Record of Deceased: Statement must show admission date and be signed by the custodian of hospital records.
12. Physician's Office Record: Statement must be based on office records and must be signed by attending physician or coroner or medical examiner.

Usual Occupation:

13. Employment Record: Record must show dates of employment and be signed by officer having custody of employment records for company.

Residence of Deceased:

14. Voter Registration Card: This record may be obtained from the County Board of Elections of the county of residence of deceased.

Social Security Number of Deceased:

15. Social Security Identification Card or verification on letterhead stationery from the Social Security Administration.

Send Application to Correct a Death Certificate and Appropriate Supporting Documents to:

Correction Unit
Vital Records Section
P.o. Box 2602
Albany, NY 12220-2602

OR

Local Registrar of Vital Records
(where the death occurred)