



AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH

(See Instructions On Page 2)

State of Florida
Department of Health

ENTER CORRECT INFORMATION CONCERNING DECEASED PERSON	NAME OF DECEASED (TYPE OF PRINT)		STATE FILE NO.
	DATE OF DEATH DATE MONTH DAY YEAR	PLACE OF DEATH (COUNTY)	CITY, TOWN OR LOCATION
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOW	SHOULD BE

AFFIDAVIT OF INFORMANT OR NEXT OF KIN	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		ADDRESS
	SIGNATURE		
NOTARY	SUBSCRIBED AND SWORN BEFORE ME ON	SIGNATURE OF NOTARY	STAMP
	_____, 20____		
NOTARY	Personally Known ___ OR Produced Identification	Printed Name of Notary	My Commission Expires
	___ ID Produced:		
AFFIDAVIT OF FUNERAL DIRECTOR	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS
NOTARY	SUBSCRIBED AND SWORN BEFORE ME ON	SIGNATURE OF NOTARY	STAMP
	_____, 20____		
NOTARY	Personally Known ___ OR Produced Identification	Printed Name of Notary	My Commission Expires
	___ ID Produced:		

(APPLICANT DO NOT WRITE BELOW THIS LINE)

DO NOT WRITE IN THIS SPACE	ABSTRACT OF SUPPORTING EVIDENCE			
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE) WAS MADE			DATE ORIGINAL DOCUMENT
	1.			
	2.			
	3.			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1			
	2			
	3			
	ADDITIONAL INFORMATION			
I certify that I have examined the documents referred to above, that they show no changes or erasures and appear to be authentic		STATE REGISTRAR OF VITAL STATISTICS	EVIDENCE REVIEWED BY	DATE FILED

INSTRUCTIONS

- Complete only the upper portion of the affidavit. Do not write or type below the line which reads "APPLICANT DO NOT WRITE BELOW THIS LINE."
- Please use black typewriter ribbon or print neatly using black ink. The affidavit may be attached to the original death certificate becoming a permanent part of the record.
- The affidavit must be signed by the informant or next of kin and a funeral director from the funeral establishment that filed the original death certification. The affidavit must be signed in the presence of a notary public who must also sign and complete the notary portion of the affidavit.
- Signatures must be written, NOT printed.
- The affidavit is NOT ACCEPTABLE if erasures or alterations are made.

NOTE: This affidavit is sufficient for some minor corrections. However, many corrections must be supported by submission of documentary evidence.

See the enclosed instructions for corrections that require supporting documentary evidence in addition to the affidavit.

If assistance is needed in connection with this amendment, please contact the Correction Unit at (904) 359-6900, Ext. 9005. Upon completion of the affidavit, mail to the Bureau of Vital Statistics, ATTN: Correction Unit, P. O. Box 210, Jacksonville, Florida 32231-0042.