

PHYSICIAN APPLICATION TO
CORRECT A MICHIGAN DEATH RECORD

(For deaths that occurred **PRIOR** to Jan. 1, 2004)

(Fee Required)

For additional information
(517) 335-8660
Mon-Fri 8:00 am - 5:00 pm ET

MAIL APPLICATION, INCORRECT DEATH RECORD AND PROPER FEE TO:

Vital Records Changes
P.O. Box 30721
Lansing MI 48909

| PHYSICIAN REQUESTING CORRECTION | | PLEASE PRINT CLEARLY AND LEGIBLY | | | | | | | | | |
|---|----------------------|----------------------------------|--|--|--|---|--|--|--|---|--|
| Applicant must be the physician who certified the death. Please provide your name and complete mailing address to mail the new record to you, and a phone number to contact you if there are questions regarding this request. | | | | | | | | | | | |
| Physician's Name: | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | |
| City, State, Zip Code: | | | | | | | | | | | |
| Daytime phone: | Area Code and Number | | | | | - | | | | - | |

| DECEDENT'S INFORMATION | |
|---|--|
| NAME OF DECEDENT (First, Middle, Last) | DATE OF DEATH (Month, Day, Year) |
| LOCATION OF DEATH (Pronounced place of death - specify hospital, facility, or other location - city and county) | GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female |

INSTRUCTIONS: Please enter the correction for any items in error on the original death certificate in the appropriate spaces below.

| | | |
|--|---|--|
| 26. PART I | Enter the diseases, injuries, or complications that caused the death. DO NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | Approximate Interval Between Onset and Death |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. _____ | _____ |
| Sequentially list conditions, IF ANY , leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | b. _____ | _____ |
| | c. _____ | _____ |
| | d. _____ | _____ |
| PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I | 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) | 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) |
| _____ | | |

