

ARIZONA DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO CORRECT OR AMEND A DEATH CERTIFICATE

To correct the decedent's name, date of birth, or place of birth you must submit a document such as a copy of a certified birth certificate that supports the change you are requesting.

To correct the decedent's social security number you must submit a document such as a copy of the original social security card, income tax records, W-2 Forms, etc that supports the change you are requesting.

To correct the decedent's parent or parent's name(s) you must submit a document such as a copy of a certified birth certificate of the decedent or a copy of the parent's birth certificate.

Table with 4 columns: Decedent's Name, Date of Death, Town or City of Death, County of Death.

Please use black ink only and separate the first, middle and last names by using commas. ANY ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT

Table with 3 columns: DATA, AS IT READS NOW, CORRECTION/AMENDMENT DESIRED. Rows include Decedent's Name, Social Security Number, Date of Birth, Place of Birth, and Other changes.

The undersigned, declares upon oath that to the best of my knowledge and belief such changes and additions as shown on this affidavit are necessary to make this vital record correct.

Notary Public:

Affiant Signature Relationship to Decedent

State of, County of, on this, day of, 20, before me

personally appeared (name of affiant), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Signature

Expiration Date

Notary Stamp/Seal

