

CENTER FOR HEALTH STATISTICS

P.O. Box 14050 Portland, Oregon 97293-0050

File #:	
Z #:	

AFFIDAVIT TO CORRECT A DEATH CERTIFICATE

NAME OF	DECEASED:			
DATE OF I	DEATH:			
PLACE OF	DEATH:			
Print/type info	ormation clearly.			
If correcting r	name(s) please indicate if first,	middle, or last name.		
Reason #	Item # or entry to correct	Original record now shows:	Corrected item should show:	
	Correction to Record			
 Clerio Add s 	supplemental information			
	supplemental information			
•	onse to query letter			
•	• •			
	(0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Funeral Director's Signature:		Date signed:		
Printed Name:		Oregon License #		
Please provid	de your telephone number in ca	ase we need to contact you for further i	information:	
Certifying Physician's Signature:			Date signed:	
	eath certificate)			
Printed Name	9:			
Please provid	de your telephone number in ca	ase we need to contact you for further i	information:	
Fees/Certific	eates:			
		e is no fee for correcting/adding information	ation to the death record. There is	
never a fee f accident info may return th flat fee for fou	or correcting/adding informatormation, etc.). If you have an e certified copy for a free replaur or more replacements. If you	tion to the medical portion of the de un-corrected copy of the death record cement. Three certified copies may be	eath record (i.e., cause of death, (issued within the last 12 months), you e replaced free of charge. There is a \$20 death certificate, and are not returning	
If the death oc	curred more than one year ago, a	\$50 fee is required. The fee includes the co	ost of one certified copy of the record.	
	curred more than one year ago an cords may be returned for free reol	d you are returning certificates issued in th	e last year, include a fee of \$30.	