

CENTER FOR HEALTH STATISTICS

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

| File #: | |
|---------|--|
| Z #: | |

| | | AFFIDAVII I | O CORRECT A DEATH | RECORD | | |
|--|-------------------------------|---------------------------------------|-----------------------------------|---|-------------------|--|
| NAME OF D | ECEASED: | | | | | |
| DATE OF DI | EATH: | | | | | |
| PLACE OF I | DEATH: | | | | | |
| | ormation cle | early. ase indicate if first, midd | lle, or last name. | | | |
| Reason #: Item # or entry to be corrected: | | Original record now sho | ows: Corrected item shoul | Corrected item should show: | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| t is a Class C | felony for an | y person to make any false | e statement or supply false info | ormation in an application for an ame | endment. | |
| 2 Ac 3 Up 4 Re | odated informesponse to q | | | | | |
| ☐ Funeral d | irector's sig | nature: | | Date signed: | | |
| Printed name: | | | | Oregon License #: | Oregon License #: | |
| Funeral facility name : | | | | Telephone #: | Telephone #: | |
| ☐ Certifying physician's signature:(Signer on death record) | | | | Date signed: | Date signed: | |
| Printed na | me: | | | | | |
| Please pro | ovide your te | lephone number in case v | we need to contact you for fu | rther information: | | |
| ees/Certific | ates: | | | | | |
| | | | | on to a death record. There is neve .e. cause of death, accident inforn | | |
| are made t | to the medica | I portion only of the death i | record, no \$5 per record replace | for \$5 per replacement certificate. If cement fee will be charged. To order r the first copy and \$20 for each add | new | |
| | h occurred m a new certifi | | \$35 fee is required for non-n | nedical amendments. This fee doe | s not include | |
| If the amendment is to the non-medical portion of the death record and you return certificates issued in the last year, in \$5 for each replacement certificate. | | | | | | |
| po ioi eac | птеріасетте | nt certificate. | ` | /ital Records Use Only | | |
| | | | | | | |

Initials

Completed date of amendment