

THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF VITAL RECORDS
CORRECTIONS UNIT

APPLICATION FOR THE CORRECTION OF A CERTIFICATE OF DEATH
(TO BE FILED ONLY BY THE NEXT OF KIN)

STATE OF NEW YORK }
COUNTY OF ----- } SS:

(1) ----- being duly sworn and state that ----- he/she is ----- years of age and resides at ----- (Street and Number) ----- (Borough) ----- (City) ----- (State) ----- (Zip Code) that ----- he/she is the ----- of ----- who died at ----- (Relationship) ----- (Name of Deceased) ----- Borough of ----- (Street and Number of Institution) in the City of New York on ----- whose death certificate number ----- (Month/Day/Year-yyyy) is on file in the Office of Vital Records of the Department of Health and Mental Hygiene.

(2) Applicant further says that the said certificate of death on file contains the following errors and/or omissions:

<u>ITEM IN ERROR</u>	<u>AS IT APPEARS</u>	<u>AS IT SHOULD BE</u>
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(3) Documentary evidence, submitted in support of this application, includes:

ALL FOREIGN LANGUAGE DOCUMENTS MUST HAVE CERTIFIED ENGLISH TRANSLATION

(4) Applicant submits herewith a certified photostatic copy of the original record of death obtained from Department of Health and Mental Hygiene and further states that this application **covers all errors** therein and supplies all information missing from the original record.
Wherefore, the applicant requests the Commissioner of Health and Mental Hygiene of the City of New York to approve this application and to make the appropriate changes, as aforesaid, on the original certificate of death.

Subscribed and sworn to before me this ----- day of -----, ----- Year-yyyy ----- Signature

Notary Public or Commissioner of Deeds

ALTERED APPLICATIONS WILL NOT BE ACCEPTED.
When the application and affidavit is signed outside the United States or its dependencies they must be signed before the United States Consul or his representative and must bear the seal of the Consul.

DO NOT WRITE ON THIS SIDE – TO BE COMPLETED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Summary of documentary evidence submitted and salient facts contained herein:

No.

**The City of New York
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Office of Vital Records**

**The City of New York
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Office of Vital Records**

Borough of.....

Date: , Year

Application to correct record of DEATH of

This is to certify that I have examined the original record which this application seeks to correct.

.....
(Name)

I have also examined the documents submitted and I find sufficient evidence to support this application. There are no omissions or apparent errors in the original record that have not been covered. This application is, therefore, approved.*

.....
(Date of Death)

.....
(Certificate Number) (Year-yyy)

The evidence submitted with this case does not fully meet the requirements set forth in the New York City Health Code; the application is therefore forwarded to the City Registrar for consideration with recommendation that it be

List of alterations requested:
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(Approved) (Denied)

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(Date)

.....
Deputy City Registrar

***Cross out paragraph which does not apply.**

Approved:

.....
(Date)

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City Registrar