



AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF FETAL DEATH

(See Instructions On Page 2)

**State of Florida
Department of Health**

ENTER CORRECT INFORMATION CONCERNING INFANT	NAME OF INFANT (TYPE OF PRINT)			STATE FILE No.		
	DATE OF DELIVERY	MONTH	DAY	YEAR	PLACE OF DELIVERY (COUNTY)	CITY, TOWN OR LOCATION
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			FETAL DEATH CERTIFICATE SHOWS		SHOULD BE

AFFIDAVIT OF PARENT NOTARY	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE OF MOTHER				
	SUBSCRIBED AND SWORN BEFORE ME ON _____, 20____	SIGNATURE OF NOTARY		STAMP	
	Personally Known __ __ OR Produced Identification __ ID Produced:	Printed Name of Notary		My Commission Expires	
AFFIDAVIT OF PARENT NOTARY	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE OF FATHER				
	SUBSCRIBED AND SWORN BEFORE ME ON _____, 20____	SIGNATURE OF NOTARY		STAMP	
	Personally Known __ __ OR Produced Identification __ ID Produced:	Printed Name of Notary		My Commission Expires	

(APPLICANT DO NOT WRITE BELOW THIS LINE)

DO NOT WRITE IN THIS SPACE	ABSTRACT OF SUPPORTING EVIDENCE			
	NAME AND KIND	OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE) WAS MADE	DATE ORIGINAL DOCUMENT	
	1.			
	2.			
	3.			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1			
	2			
	3			
	ADDITIONAL INFORMATION			
I certify that I have examined the documents referred to above, that they show no changes or erasures and appear to be authentic		STATE REGISTRAR OF VITAL STATISTICS	EVIDENCE REVIEWED BY	DATE FILED

DH 433A, New 6/06

INSTRUCTIONS

The affidavit is NOT ACCEPTABLE if erasures or alterations are made.

Complete only the upper portion of the affidavit. Do not write or type below the line which reads "APPLICANT DO NOT WRITE BELOW THIS LINE."

Please use black typewriter ribbon or print neatly using black ink. The affidavit may be attached to the original fetal death certificate becoming a permanent part of the record.

The affidavit must be signed before a notarizing official by a parent listed on the fetal death certificate except in the case where a father's name is to be added to the certificate. In this case, the notarized signatures of both mother and father shall be required. Signatures must be written, NOT printed.

If amendment of the medical portion of the certificate, the amendment shall be confirmed in writing by the attending physician or medical examiner with current jurisdiction of the district in which the fetal death occurred.

- Medical portion means the medical certification of the cause of death, date of death, hour or time of death or the place of death other than the street address.

- All other items are considered non medical.

If assistance is needed in connection with a non medical amendment (as defined above), please contact the Correction Unit at (904) 359-6900, Ext. 9005. If correction is in connection with a medical amendment (as defined above), contact the Medical Coding Unit at (904) 359-6900, ext. 9013.

Upon completion of the affidavit, mail to the Bureau of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042. To ensure your request is properly routed, please put to the Attention of the appropriate unit, that is, Correction Unit for non-medical amendment or Medical Coding Unit for medical amendment.