

# APPLICATION FOR AMENDMENT OF DEATH CERTIFICATE

**See instructions and list of suggested evidence on reverse side. (Please enclose a photocopy of applicant's current photo identification when submitting this form.)**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

**1. Please list information as it currently appears on the death certificate you want to amend:**

Name of deceased \_\_\_\_\_

Place of death \_\_\_\_\_ Date of death \_\_\_\_\_

**2. List items to be corrected:**

Item No.	As Now Listed on Record	Correct Information
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. I hereby swear that the information listed above is true and correct to the best of my knowledge:**

Signature \_\_\_\_\_  
 (Next of kin or funeral director).

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State of \_\_\_\_\_)

County of \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
 Notary Signature

**4. Fees Required. (Please make checks payable to Vital Records)**

\$16.00 to correct the record..... = \$16.00

Number of certified copies of amended record \_\_\_\_\_ x \$16.00 each..... = \_\_\_\_\_

Total Enclosed..... = \_\_\_\_\_

**PLEASE ENCLOSE STAMPED, SELF-ADDRESSED, BUSINESS-SIZE ENVELOPE.**

**FOR VITAL RECORDS USE ONLY.**

Evidence Accepted: Code \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date Amended \_\_\_\_\_

By Whom Amended \_\_\_\_\_

# INSTRUCTIONS

This application **MUST** be signed in the presence of a notary public.

Corrections made during the first year require one item of documentary evidence. Corrections made more than one year after death require two or more items of documentary evidence.

The documentary evidence must have been established five years prior to application or within seven years of date of death. Only original documents or certified copies of the originals are acceptable. Affidavits of Personal Recollection are not acceptable.

**THE EVIDENCE SUBMITTED MUST LIST THE INFORMATION EXACTLY AS IT IS TO BE SHOWN ON THE DEATH CERTIFICATE AND RELATE TO INFORMATION SHOWN ON RECORD.**

**MEDICAL CERTIFICATION PORTION MAY BE CORRECTED ONLY BY PERSON SIGNING DEATH CERTIFICATE.**

Suggested Document  
Which May Be Submitted

Where Obtainable

Baptismal record	Church where baptized
Federal census record	Bureau of the Census P.O. Box 1545 Jeffersonville, IN 47131
Insurance policy application	Insurance company
School census record	Superintendent of District where attended
Birth certificate	Vital Statistics Office of state where born
Application for marriage license	State Vital Statistics Office or County Court where license was obtained
Application for original Social Security Number	Local Social Security Office
Voter Registration	Election Commissioner or County Clerk
Military service record	Appropriate branch of service

Social security card may be used to correct social security number **ONLY**.

**The documentary evidence, application, and fees should be sent to:**

**Vital Records Office  
1033 "O" Street, Suite 130  
P.O. Box 95065  
Lincoln, NE 68509-5065**

**For assistance or more information, feel free to call our office at (402) 471-0912.**