

Mail application, supporting document(s), and the statutory filing fee of \$15.00 to the address below. This fee does not include the cost of a certified copy of the record after the amendment is filled. Please enclose additional fee of \$20.00 for the first copy of the amendment certificate requested, and \$3.00 for each additional copy.



Texas Vital Statistics Department of State Health Services
P.O. BOX 12040 Austin, Texas 78711-2040

APPLICATION TO AMEND CERTIFICATE OF DEATH

Please type or print.

NO.

| | | | |
|----------------------|------|-------------------------------|-----------|
| NAME _____ | LAST | FIRST | MIDDLE |
| STREET ADDRESS _____ | | DAYTIME PHONE (_____) _____ | |
| CITY _____ | | STATE _____ | ZIP _____ |
| SIGNATURE _____ | | | |

| | | |
|---|-------------------------------|---------------------------------------|
| PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH CERTIFICATE. | | |
| 1. FULL NAME OF DECEASED | 2. DATE OF DEATH | |
| 3. PLACE OF DEATH (City or County) | 4. SEX | 5. STATE OR LOCAL FILE NO. (If known) |
| 6. FULL NAME OF FATHER | 7. FULL MAIDEN NAME OF MOTHER | |

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| PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED. | | |
| 8. ITEM OR ITEM NO. | 9. ENTRY ON ORIGINAL CERTIFICATE | 10. CORRECT INFORMATION |
| | | |

AFFIDAVIT OF PERSONAL KNOWLEDGE

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| PART III. THIS SECTION MUST BE SIGNED BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL DEATH CERTIFICATE. THIS SECTION <u>MUST</u> BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. | |
| STATE OF TEXAS, COUNTY OF _____ | |
| Before me on this day appeared _____ (Name of Affiant) | |
| now residing at _____ (Street Address) (City) | |
| _____, who is related to the deceased named in Item 1 above as _____ (State) | |
| and who on oath deposes and says that the death certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct. | |
| Signature _____ | |
| Sworn to and subscribed before me, this day of _____, 20 _____. | |
| | Signature of Notary Public |

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| PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION. (See Parts V and VI on reverse side.) OFFICE USE ONLY | Commission Expires |
| | Typed or Printed Name |
| | Street Address |
| | City and State |

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT.

EXAMPLES OF CORRECTIONS

TYPES OF DOCUMENTS

A. ADDING INFORMATION

[Items left blank on the certificate, excluding cause of death medical information]

[1] No documents are required..... Affidavit signed by informant, Funeral Director in Charge, Family Member

B. CORRECTIONS IN SPELLING

[1] No documents are required..... Affidavit signed by informant, Funeral Director in Charge, Family Member

C. CHANGES IN INFORMATION

[1] Relating to Deceased

- a. Given Name Affidavit and one document
- b. Last Name Affidavit and one document
- c. Date of Death This item is considered medical information and may only be changed upon the affidavit of medical attendant or coroner that certified the death.
Affidavit signed by original informant, if the original informant is not available, then an affidavit and Court Finding as to the marital status of the deceased at the time of death.
Affidavit by informant or relative
- d. Marital Status Affidavit by relative or informant
- e. Date of Birth of Decedent..... Affidavit by informant, relative, or Funeral Director in Charge
- f. Age..... Affidavit by informant, relative, or Funeral Director in Charge
- g. Usual Occupation..... Affidavit by informant, relative, or Funeral Director in Charge
- h. Birthplace

[2] Relating to Parent(s)

- a. Given Name(s) Affidavit by informant or relative and one document
- b. Last Name of Father or Maiden name of Mother Affidavit of informant or relative and one document

ALL OTHER ITEMS REQUIRING CORRECTION SHOULD BE REFERRED TO VITAL STATISTICS FOR INSTRUCTIONS ON DOCUMENTATION.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE DOCUMENT MUST SHOW THE CORRECT INFORMATION REGARDING THE ITEM(S) TO BE CORRECTED.

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| 1. BAPTISMAL CERTIFICATE | 4. BIRTH CERTIFICATE OF CHILD OF DECEASED |
| 2. ARMED FORCES DISCHARGE PAPERS | 5. BIRTH CERTIFICATE OF DECEASED |
| 3. MARRIAGE RECORD A certified copy of certificate, license, or application, whichever supplies the required facts. | 6. DIVORCE RECORD |

The fee for conducting each search and issuing a certified copy of a death certificate is \$20.00. If more than one certification of the same record is required at the same time, the fee for the first copy of a death record is \$20.00 and \$3.00 for each additional copy of the record requested by the applicant in a single request. For any search of the files where a record is not found or a certified copy is not issued, the fee is \$20.00.

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If we may be if further assistance you may call 1-888-963-7111, Monday – Friday 8am-5pm
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