

AFFIDAVIT TO CORRECT A DEATH RECORD

NAME OF DECEASED:	
DATE OF DEATH:	
PLACE OF DEATH:	

Print/type information clearly.

If correcting name(s) please indicate if first, middle, or last name.

Reason #:	Item # or entry to be corrected:	Original record now shows:	Corrected item should show:

It is a Class C felony for any person to make any false statement or supply false information in an application for an amendment.

Reason for Correction to Record

- 1 Clerical error
- 2 Add supplemental information
- 3 Updated information from informant
- 4 Response to query letter
- 5 Other (specify) _____

Funeral director's signature: _____ Date signed: _____
Printed name: _____ Oregon License #: _____
Funeral facility name : _____ Telephone #: _____-_____-_____

Certifying physician's signature: _____ Date signed: _____
(Signer on death record)
Printed name: _____
Please provide your telephone number in case we need to contact you for further information: _____-_____-_____

Fees/Certificates:

Within one year from date of death there is no fee for correcting/adding information to a death record. **There is never a fee for correcting/adding information to the medical portion of the death record (i.e. cause of death, accident information, etc.)**

You may return uncorrected death certificates (issued within the last 12 months) for \$5 per replacement certificate. If corrections are made to the medical portion only of the death record, no \$5 per record replacement fee will be charged. To order new certificates without returning certificates for replacement, enclose a fee of \$25 for each certificate.

- If the death occurred more than one year ago, a \$35 fee is required for non-medical amendments. This fee does not include the fee for a new certificate.
- If the amendment is to the non-medical portion of the death record and you return certificates issued in the last year, include \$5 for each replacement certificate.

Vital Records Use Only

Completed date of amendment	Initials