

## **CENTER FOR HEALTH STATISTICS**

P.O. Box 14050 Portland, Oregon 97293-0050 Fax 971-673-1201

File #:	
Z #:	

## AFFIDAVIT TO CORRECT A DEATH RECORD

		AFFIDAVII I	CORRECT A DEATH RECU	JRD	
NAME OF D	ECEASED:				
DATE OF DE	EATH:				
PLACE OF D	DEATH:				
Print/type info	ormation cle	early.			
If correcting i	name(s) ple	ase indicate if first, midd	le, or last name.		
Reason #:	Item # or	entry to be corrected:	Original record now shows:	Corrected item should show:	
It is a Class C  Reason for C	•		e statement or supply false information	n in an application for an amendment.	
2 Add supplemental information 3 Updated information from informant 4 Response to query letter 5 Other (specify)  Funeral director's signature:  Printed name:  Funeral facility name:				Date signed:  Oregon License #:  Telephone #:	
☐ Certifying physician's signature: (Signer on death record)				Date signed:	
, ,		<i>a</i> ,			
Printed na					
·	-	epnone number in case v	ve need to contact you for further in	formation:	
Fees/Certific		to a final the section of the	for a series of a little of the series for the series of	to the control There is a control of a few	
				death record. There is never a fee for se of death, accident information, etc.)	
are made to	o the medica	l portion only of the death r	ued within the last 12 months) for \$5 perceord, no \$5 per record replacement ement, enclose a fee of \$25 for each o		
	leath occurred more than one year ago, a \$35 fee is required for non-medical amendments. This fee does not includ e for a new certificate.				
		the non-medical portion on the certificate.	of the death record and you return c	ertificates issued in the last year, include	
			Vital Records Use Only		