

This application, supporting document(s), and the statutory filing fee of \$15.00 should be submitted to: This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose the additional fee of \$20.00 for the 1st copy of the amended certificate requested, and \$3.00 for each additional copy. If we may be of further assistance you may call 1-888-963-7111, Mon.-Fri. 8am-5pm.

VITAL STATISTICS
DEPARTMENT OF STATE HEALTH SERVICES
P O BOX 12040
AUSTIN TEXAS 78711-2040



APPLICATION TO AMEND CERTIFICATE OF DEATH

STATE OF TEXAS

NO.

Name: _____
Last First Middle

Street Address _____ Telephone # _____
(8am-5pm)

City _____ State _____ Zip Code _____

Signature: _____

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS IT APPEARS ON DEATH CERTIFICATE. (Type or Print)

1. FULL NAME OF DECEASED		2. DATE OF DEATH
3. PLACE OF DEATH	4. SEX	5. STATE FILE NO. (If known)
6. FULL NAME OF FATHER	7. FULL MAIDEN NAME OF MOTHER	

PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED. (Type or Print)

8. ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS SECTION MUST BE SIGNED BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL CERTIFICATE.

This Section MUST be signed before 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 I 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____

PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION. <small>(See Parts V and VI on reverse side.)</small> OFFICE USE ONLY	Signature of Notary Public
	Commission Expires
	Typed or Printed Name
	Street Address
	City and State

VS-172 REV. 12/05

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Vernon's Texas Health Code, Sec. 195.1989.)

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.
 - d. Marital Status 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.
 - e. Date of Birth of Decedent Affidavit by informant or relative
 - f. Age Affidavit by relative or informant
 - g. Usual Occupation Affidavit by informant, relative, or Funeral Director in Charge
 - h. Birthplace Affidavit by informant, relative, or Funeral Director in Charge
- [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

ANY OTHER ITEMS THAT REQUIRE CORRECTION SHOULD BE REFERRED TO VITAL STATISTICS FOR INSTRUCTIONS ON DOCUMENTATION: 1-888-963-7111.

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

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.