

**Pennsylvania Department of Health
Division of Vital Records
Death Correction Statement**

A Death Correction Statement is used to amend most errors which may appear on a Pennsylvania Certificate of Death. The Division of Vital Records reserves the right to reject or accept any correction. Deaths that have occurred more than two years ago may require documentation and notarization. Documentation may be required regardless of when the death occurred. 28 Pa Code §1.36 requires that this form be signed by either the funeral director who signed the original death certificate or informant listed on the original death certificate (exceptions listed below).

The informant must submit valid government issued photo ID that verifies his/her name and current mailing address. Examples of acceptable identification are a state issued driver's license or non-driver photo ID that verifies the name and current address. If possible, enlarge photo ID on copier by at least 150%. If you do not possess photo ID that verifies your current mailing address, you may submit two documents that do verify the address such as a lease agreement, utility bills, pay stub, bank statement, credit card statement, etc.

Mail completed affidavit form, documents and photo ID to:

Division of Vital Records
101 S. Mercer Street
P.O. Box 1528
New Castle, PA 16103
(724) 656-3100

For additional information, visit our website at www.health.pa.gov/MyRecords/Certificates

NAME OF DECEDENT: _____

DATE OF DEATH: _____ COUNTY OF DEATH _____

PRINT OR TYPE CLEARLY			
ORIGINAL RECORD NOW READS	CORRECTION DESIRED		
Name of Decedent	First	Middle	Last Suffix
Social Security Number			
Age and/or Date of Birth			
Place of Death-County, City, Boro, Twp. Only			
Marital Status (Include Name of Surviving Spouse, if applicable)	First	Middle	Last Suffix
Decedent's Actual Residence-State, County, or City, Boro, Twp.			
Other Error (Designate Item Number)			
Other Error (Designate Item Number)			
Signature of Informant or Funeral Director Who Signed Original Certificate	Address		Date

ITEMS TO BE CORRECTED

Informant's name; date, method, place, or location of disposition; facility name and address or license number of funeral director; time of death; date pronounced dead; was an autopsy performed; were autopsy findings available prior to completion of cause of death; license number and date signed by certifying physician or pronouncer; name, address, and capacity of person who completed the cause of death, *then death correction statement must be signed by funeral director who signed original certificate.*

ITEMS THAT CANNOT BE CORRECTED WITH THIS FORM

Date of death, facility name, manner of death, tobacco use, pregnancy, date of injury, how injury occurred, place, time, location of injury; *may only be corrected with a signed statement on letterhead from the certifier or medical examiner/coroner or by a replacement certificate.*

Change of funeral director, cause of death, signature and title of certifier. *These items require a replacement certificate.*

DEATHS THAT HAVE OCCURRED MORE THAN 2 YEARS AGO

An original document that supports the correction(s) requested must be submitted, such as a medical record, tax statement, life insurance policy, Social Security statement, employment record, etc. *The document must be dated within one year of the date of death. Enclose a self-addressed stamped envelope for return of original document.*