

Request to Amend a Death Record By the Funeral Director

This form is used to amend the demographic portion of a death record registered in Pennsylvania for a report of death filed on paper. Electronically reported deaths must be amended in EDRS. This form shall be used to amend the fields of the death record listed in Part 2. This form must be signed by the funeral director who filed the original report of death.

PART 1: DEATH RECORD TO BE AMENDED

Decedent's legal name (first, middle, last, suffix)		Social Security number
Date of birth (MM/DD/YYYY)	Date of death (MM/DD/YYYY)	State file number

PART 2: INFORMATION TO BE AMENDED

Only enter into Part 2 information that is to be amended on the death record.

Decedent's legal name (first, middle, last, suffix)			Sex	Social Security number	
Age last birthday (Yrs.)	Under 1 year Months Days		Under 1 day Hours Minutes		Date of birth (MM/DD/YYYY)
Birthplace (city and state or foreign country)				Birthplace (county)	
Decedent's alias			Residence (state or foreign country)		
Residence (county)			Residence (street and number – include apt. no.)		Did decedent live in a township? <input type="checkbox"/> Yes, decedent lived in _____ twp. <input type="checkbox"/> No, decedent lived in limits of _____ city/boro.
Residence (zip code)		Surviving spouse's name (If wife, give name prior to first marriage.)			
Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Marital status at time of death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		Father/parent's name (first, middle, last, suffix)	
Mother/parent's name prior to first marriage (first, middle, last, suffix)			Informant's name		
Relationship to decedent		Informant's mailing address (street and number, city, state and zip code)			
Method of disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (specify) _____		Place of disposition (name of cemetery, crematory or other place)			
Date of disposition (MM/DD/YYYY)		Location of disposition (city or town, state and zip code)			
Decedent's education – check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)		Decedent of Hispanic origin – check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina. <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Mexican/Mexican American/Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (specify) _____		Decedent's race – check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	
Decedent's usual occupation – indicate type of work done during most of working life. DO NOT USE "RETIRED".			Kind of business/industry		

PART 3: DOCUMENTARY EVIDENCE (Check all applicable types of documentary evidence.)

You may be required to provide documentary evidence to substantiate your request. Please review the list below and provide applicable documentation based on the type of modification you are requesting. See certificates.health.pa.gov for more information including a more in-depth list of acceptable documentary evidence.

- If you are requesting a correction to the decedent's name, age, sex, date of birth or birthplace, provide the decedent's birth certificate, driver's license or other government identification valid at time of death.
- If you are requesting a change in the decedent's social security number, provide the decedent's social security card, social security statement or tax statement from the year of the death.
- If you are requesting a correction to the decedent's residence (including township, city or borough), provide the decedent's driver's license or other government identification valid at time of death, or the decedent's tax statement from the year of death.
- If you are requesting an amendment to indicate that the decedent was in the U.S. Armed Forces, provide a Certificate of Release or Discharge from Active Duty (DD-214) or the decedent's driver's license or other government identification valid at time of death (if that identification provides information related to the decedent's veteran status).
- If you are requesting a change in the decedent's marital status, provide the decedent's tax statement from the year of death, a divorce decree or a government-issued divorce certificate. A marriage certificate is not acceptable as documentary evidence since this document does not substantiate that the marriage was still valid at time of the decedent's death.
- If you are requesting a change to the decedent's surviving spouse's name, provide the tax statement from the year of the decedent's death. If you are only requesting a spelling correction to the surviving spouse's name, provide the birth certificate of the spouse or a government-issued marriage certificate.
- If you are requesting a change in the decedent's education, provide a copy of the diploma or school record that supports the decedent's highest level of education.
- If you are requesting a change to the decedent's parent's information, provide the decedent's birth certificate. If the decedent does not have a birth record, then provide other documents such as a baptismal certificate that lists the parent's name.
- If you are requesting a correction to the informant's information, provide documentation such as a birth certificate, valid driver's license or other valid government identification, or tax statement from the year of the decedent's death.
- If you are requesting a change to the decedent's occupation, provide an employment record for the decedent.
- If you are requesting a change to the date and/or place of disposition, provide supporting documentation from the cemetery or crematory.
- A certified or original court order that authorizes the change may also be provided. A copy of the petition to the court must also be provided.

PART 4: SIGNATURE BY THE FUNERAL DIRECTOR

I am the funeral director who originally filed the report of death for this case. I am requesting that the information on the death record described in Part 1 be amended based on additional information or a correction to information originally reported.

Name of funeral director (Please print.)		License number	
Name of funeral home			
Address			
City		State	Zip code
Signature of funeral director		Date of signature	

MAIL TO:
 Pa. Department of Health
 Bureau of Health Statistics and Registries
 ATTN: Death Registry
 555 Walnut St., 6th Floor
 Harrisburg, PA 17101-1934

FAX TO:
 717-265-7371