

State file # _____

Amendment # _____

Request to Amend the Medical Information on a Death Record Certified by a Medical Professional

This form is used by a medical professional to amend the medical information on a death record registered in Pennsylvania for a report of death filed on paper. A medical professional is defined as the physician, certified registered nurse practitioner, physician assistant or dentist who attended the decedent during the last illness. This form shall be used to amend the fields of the death record listed in Part 2 below. Electronically reported deaths must be amended in EDRS.

PART 1: DEATH RECORD TO BE AMENDED

Decedent's legal name (first, middle, last, suffix)	Date of death (MM/DD/YYYY)
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PART 2: INFORMATION TO BE AMENDED

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

Date of death (MM/DD/YYYY)	Place of death (Check only one.)	
Time of death	If death occurred in a hospital:	If death occurred somewhere other than a hospital:
	<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency room/outpatient <input type="checkbox"/> Dead on arrival	<input type="checkbox"/> Hospice facility <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Decedent's home <input type="checkbox"/> Nursing home/long-term care facility
Facility name (If not an institution, give street and number.)	City or town, state and zip code of death	County of death
CAUSE OF DEATH		
Part I. Enter the <u>chain of events</u> – diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		Approximate interval: onset to death
IMMEDIATE CAUSE -----> (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .	a. _____ Due to (or as a consequence of): _____ b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ Due to (or as a consequence of): _____	_____ _____ _____ _____
Part II. Enter the other <u>significant conditions contributing to death</u> but not resulting in underlying cause given in Part I.		Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pronouncer's name: Pronouncer's license #: Date signed by pronouncer:

PART 3: CERTIFICATION BY A MEDICAL PROFESSIONAL

The medical information on the death record described in Part 1 is being amended based on additional information or a correction to information originally reported.

- I originally certified the report of death for this case.
- The original medical professional who certified the case is unavailable to file this amendment. See attached letter from the health care facility to support this request to amend.
- The original report of death was not certified in accordance with the Vital Statistics Law of 1953. As directed by the state registrar, I have completed all information in Part 2 and am certifying this case in accordance with the Vital Statistics Law.

Name of certifier (Please print.)		
Title	License number	
Address		
City	State	Zip code
Signature of certifier		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