pennsylvania
DEPARTMENT OF HEALTH
HD002181 REV 06/20

For DOH use only

State file # _____

Amendment # _____

Request to Amend the Medical Information on a Death Record Certified by a Coroner or Medical Examiner

This form is used to amend the medical information on 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 below, including the manner and/or cause of death. This form may only be used by a coroner or medical examiner's office.

PART 1: DEATH RECORD TO BE AMENDED

Decedent's legal name (first, middle, last, suffix)	Date of death (MM/DD/YYYY)

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.)	
	If death occurred in a hospital: ☐ Inpatient ☐ Emergency room/outpatient ☐ Dead on arrival	If death occurred somewhere other than a hospital: ☐ Hospice facility ☐ Other (specify) _____ ☐ Decedent's home ☐ Nursing home/long-term care facility
Time of death		

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 chain of events – 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)	a. _____ Due to (or as a consequence of):	
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**.	b. _____ Due to (or as a consequence of):	
	c. _____ Due to (or as a consequence of):	
	d. _____	

Part II. Enter the other significant conditions contributing to death but not resulting in underlying cause given in Part I.	Was an autopsy performed? ☐ Yes ☐ No Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No

If female:	Did tobacco use contribute to death?	Manner of death:
☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Natural ☐ Suicide ☐ Accident ☐ Could not be determined ☐ Homicide
	Date of injury (MM/DD/YYYY)	Time of injury

Place of injury (e.g., home, construction site, farm, school)	Location of injury (street and number, city, county, state, zip code)

Injury at work:	If transportation injury, specify:	Describe how injury occurred.
☐ Yes ☐ No	☐ Driver/operator ☐ Pedestrian ☐ Passenger ☐ Other (specify) _____	

PART 3: CERTIFICATION BY A CORONER OR MEDICAL EXAMINER

The medical information on the death record described in Part 1 is being amended based on an examination and/or investigation that showed, in my opinion, that the death occurred at the time, date and/or place, and/or due to the cause(s) and manner stated in Part 2.

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