

This is a **SAMPLE FORM** only (the State Registrar and Director of Vital Records will not accept the use of such for the purpose intended)

STATE CENTER FOR HEALTH INFORMATION
NC VITAL RECORDS, RALEIGH

DEATH CERTIFICATE AMENDMENT APPLICATION

1. DECEDENT'S NAME		2. SEX	3. DECEDENT'S SOCIAL SECURITY NUMBER
4. DATE OF DEATH	5. COUNTY OF DEATH	6. FACILITY NAME SAMPLE	
7. REG. DIST. NO.	8. CERTIFICATE NO.	9. DATE FILED	10. NAME OF FATHER
11. NAME OF MOTHER (FIRST, MIDDLE, MAIDEN SURNAME)			
12. ITEMS WRONG OR MISSING (AT TIME OF DEATH)		13. FACTS AS THEY SHOULD HAVE BEEN STATED AT TIME OF DEATH (PRINT OR TYPE)	
SAMPLE		SAMPLE	

I do solemnly swear that: (1) I have personal knowledge of the correctness of the statements made in this application; (2) That the facts listed under Item 12 of this application were incorrectly stated or omitted at the time of death; (3) That the amendment requested under Item 13 of this application will change the original record to make it reflect the true facts.

14. Signature _____

15. Address _____
(Street or RFD) (City) (State) (Zip Code)

16. Relationship _____ Telephone Number _____

17. Documentary evidence submitted: _____

Sworn to and subscribed before me this the _____ day of _____, 20 _____.

My Commission Expires: _____
(Date) Notary Public or Register of Deeds

(SEAL)

SAMPLE

NOTE: This application may be used to correct information which was entered incorrectly on the original certificate or to add information not given on the original certificate at time of death. *At least one piece of documentary evidence in support of the requested correction must be submitted. A court order or additional evidence may be required before certain items can be amended.*

INSTRUCTIONS

1. The information *as it appears on the original certificate even if incorrect is entered in spaces 1 through 11.* (This is usually done by N.C. Vital Records or the Register of Deeds.)
2. Each incorrect or incomplete item must be listed on a separate line in space 12.
3. The correct information must be listed in space 13 directly opposite the incorrect items listed in space 12.
4. *The application must be signed by the informant. If he/she is deceased, the application should be signed by an immediate family member.* The signature must be witnessed by an official who is authorized to administer oaths such as the *Register of Deeds or a notary public.* *The official's seal must be affixed.*
5. Forward the completed application to N. C. Vital Records, 1903 Mail Service Center, Raleigh, North Carolina 27699-1903. If accepted, the correction will be made and the affidavit filed with the original certificate. The Register of Deeds in the county of death will be notified to correct the copy on file.