



**DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS**
Post Office Box 210
Jacksonville, Florida 32231-0042

INSTRUCTIONS FOR CORRECTION OF CERTIFICATE OF DEATH

With the exception of correction to cause of death information and hour, time, date and/or place of death, all requests for correction of a death record must be accompanied by:

1. The **APPLICATION FOR AMENDMENT TO FLORIDA DEATH RECORD (DH 524)**, completed and returned with \$20.00 fee. This fee entitles you to one certified copy of the amended record.
2. The **AFFIDAVIT OF AMENDMENT TO CERTIFICATE OF DEATH (DH 433)**, completed according to instructions on the reverse side.
3. **DOCUMENTARY EVIDENCE** where required. (See instructions below for corrections that require submission of evidence.)

The **AFFIDAVIT** is sufficient for correcting some minor errors. Other corrections require documentary evidence in addition to the affidavit. Corrections requiring evidence are:

- **NAME OF DECEASED (*other than misspelling*)***
- **DATE OF BIRTH (*changed more than 3 months*)***
- **CITIZENSHIP FROM ALIEN TO UNITED STATES CITIZEN***
- **NAMES OF PARENT(S) (*other than a misspelling or transposition of given names*)**

SURVIVING SPOUSE: With the exception to a misspelling or an omission, the department may not alter the surviving spouse item except on order of a court of competent jurisdiction. (64V-1.007(5)).

SUGGESTED SOURCES OF DOCUMENTARY EVIDENCE:

***Certified copy of decedent's birth record preferred. However, two documents supporting the correction may be substituted. Must substantiate the facts to be corrected and contain the date the original document was originally established. SUGGESTED SOURCES OF EVIDENCE:**

- ◆ **BIRTH CERTIFICATE:** May be obtained from the state where the birth occurred.
- ◆ **SCHOOL RECORD:** May be obtained from the county superintendent or principal of school on official letterhead, affidavit form or be a certified transcript. You may visit the website at www.fadss.org/

- ◆ **CENSUS RECORD:** Bureau of the Census, P. O. Box 1545, Jeffersonville, Indiana 47131. A substantial fee is required thus we usually do not suggest this unless a last resort. You can visit the website at www.census.gov/

SOCIAL SECURITY RECORD (Numident): Social Security Administration, OCRO – EEU, P. O. Box 33022, 33 N. Greene Street, Baltimore, Maryland 21290. A fee is required. .You may also wish to contact your local social security office to see if a social security numident can be obtained locally.

- ◆ **PASSPORT, MILITARY RECORD, DRIVER LICENSE:** Original or certified photocopy of any of these records should prove name and place of birth, and date the original record was established.
- ◆ **EMPLOYMENT RECORD:** Contact the manager or personnel director of the company by which registrant was employed and secure an official statement of facts of the birth as shown on their records. This statement must include date on which the employment record was originally made.
- ◆ **VOTING REGISTRATION RECORD:** An old voting registration record should prove name, age, and state of birth.
- ◆ **MEDICAL TREATMENT RECORD**
- ◆ **INSURANCE RECORD**
- ◆ **OTHER APPLICABLE VITAL RECORDS, I.E., BIRTH CERTIFICATE OF PARENT(S) OR CHILD, MARRIAGE CERTIFICATE FOR DECEDENT OR PARENT(S).**
- ◆ **OTHER RECORDS WHICH ARE VERIFIABLE MAY BE SUBSTITUTED.**

ORIGINAL DOCUMENTS OR CERTIFIED OR NOTARIZED COPIES MUST BE SUBMITTED
(Documents will be returned to you)

PHOTOCOPIES AND DOCUMENTS WITH ALTERATIONS/ERASURES ARE NOT ACCEPTABLE

CAUSE OF DEATH: Submit on Affidavit of Amendment to Medical Certification of Death, DH Form 434 and signed by the attending physician or medical examiner. No amendment fee required.

DATE OF DEATH AND/OR PLACE OF DEATH: May be submitted on Affidavit of Amendment to Medical Certification of Death (DH Form 434) if no correction to personal identifying information also being requested. If submitted on this form signed by the attending physician or medical examiner, no amendment fee is required. If there are ALSO corrections to any personal identifying information in addition to these two items, you may include all the corrections on the Affidavit of Amendment to Death Record, DH Form 433 together with a statement from the attending physician or medical examiner supporting the correction as well as any other documentary evidence which may be required and the required amendment fee of \$20.00.

**IF YOU NEED ASSISTANCE, PLEASE CONTACT THE CORRECTION UNIT AT
(904) 359-6900, EXTENSION 9005.**