



CENTER FOR HEALTH STATISTICS

P.O. Box 14050
Portland, Oregon 97293-0050

File #: \_\_\_\_\_

Z #: \_\_\_\_\_

AFFIDAVIT TO CORRECT A DEATH CERTIFICATE

Table with 2 columns: Field Name (NAME OF DECEASED, DATE OF DEATH, PLACE OF DEATH) and Value.

Print/type information clearly.

If correcting name(s) please indicate if first, middle, or last name.

Table with 4 columns: Reason #, Item # or entry to correct, Original record now shows:, Corrected item should show:.

Reason for Correction to Record

- 1. Clerical error
2. Add supplemental information
3. Updated information from informant
4. Response to query letter
5. Other (specify) \_\_\_\_\_

[ ] Funeral Director's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Oregon License # \_\_\_\_\_

Please provide your telephone number in case we need to contact you for further information: \_\_\_\_\_ - \_\_\_\_\_

[ ] Certifying Physician's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

(Signer on death certificate)

Printed Name: \_\_\_\_\_

Please provide your telephone number in case we need to contact you for further information: \_\_\_\_\_ - \_\_\_\_\_

Fees/Certificates:

Within one year from the date of death there is no fee for correcting/adding information to the death record. There is never a fee for correcting/adding information to the medical portion of the death record (i.e., cause of death, accident information, etc.).

[ ] If the death occurred more than one year ago, a \$50 fee is required. The fee includes the cost of one certified copy of the record.

[ ] If the death occurred more than one year ago and you are returning certificates issued in the last year, include a fee of \$30. Up to three records may be returned for free replacements.