

Request to Amend a Death Record

This form is used to amend the demographic portion of a death record filed in Pennsylvania. This form may be used by the informant listed on the death record or by an individual who has obtained a court order to amend this record. Once the death record has been amended, you will be notified. You may then apply for an updated death certificate.

PART 1: CONTACT INFORMATION

- I am the informant as recorded on the original Report of Death.
- I am submitting this request along with an accompanying court order. My relationship to the decedent is: _____

My current legal name: _____
(First) (Middle) (Last) (Suffix)

Street: _____ Email address: _____

City: _____ State: _____ Zip code: _____ Daytime phone: _____

PART 2: DEATH RECORD TO BE MODIFIED

Decedent's legal name (first, middle, last, suffix)		Social Security number
Date of birth (MM/DD/YYYY)	Date of death (MM/DD/YYYY)	State file number

PART 3: INFORMATION TO BE MODIFIED

Only enter into Part 3 information that is to be amended on the death record.

Decedent's legal name (first, middle, last, suffix)			Sex	Social Security number		
Age last birthday (Yrs.)	Under 1 year		Under 1 day		Date of birth (MM/DD/YYYY)	Birthplace (city and state or foreign country)
	Months	Days	Hours	Minutes		
Decedent's alias					Birthplace (county)	
Residence (state or foreign country)		Residence (street and number – include apt. no.)		Did decedent live in a township?		
Residence (county)		Residence (zip code)		<input type="checkbox"/> Yes, decedent lived in _____ twp. <input type="checkbox"/> No, decedent lived in limits of _____ city/boro.		
Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Marital status at time of death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		Surviving spouse's name (If wife, give name prior to first marriage.)		
Father/parent's name (first, middle, last, suffix)			Mother/parent's name prior to first marriage (first, middle, last, suffix)			
Informant's name		Informant's relationship to decedent		Informant's mailing address (street and number, city, state and zip code)		
Decedent's education – check the box that best describes the highest degree or level of school completed at the time of death.		Decedent of Hispanic origin – check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina.		Decedent's race – check ONE OR MORE races to indicate what the decedent considered himself or herself to be.		
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, Meng, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)		<input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Mexican/Mexican American/Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (specify) _____		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander						
Decedent's usual occupation – indicate type of work done during most of working life. DO NOT USE "RETIRED".			Kind of business/industry			

PART 4: DOCUMENTARY EVIDENCE (REQUIRED)

You are required to provide documentary evidence to substantiate your request. Please review the list below and provide applicable documentation based on the type of modification you are requesting. See certificates.health.pa.gov for more information including a more in-depth list of acceptable documentary evidence.

- If you are requesting a correction to the decedent's name, age, sex, date of birth or birthplace, provide the decedent's birth certificate, driver's license or other government identification valid at time of death.
- If you are requesting a change in the decedent's social security number, provide the decedent's social security card, social security statement or tax statement from the year of the death.
- If you are requesting a correction to the decedent's residence (including township, city or borough), provide the decedent's driver's license or other government identification valid at time of death, or the decedent's tax statement from the year of death.
- If you are requesting an amendment to indicate that the decedent was in the U.S. Armed Forces, provide a Certificate of Release or Discharge from Active Duty (DD-214) or the decedent's driver's license or other government identification valid at time of death (if that identification provides information related to the decedent's veteran status).
- If you are requesting a change in the decedent's marital status, provide the decedent's tax statement from the year of death, a divorce decree or a government-issued divorce certificate. A marriage certificate is not acceptable as documentary evidence since this document does not substantiate that the marriage was still valid at time of the decedent's death.
- If you are requesting a change to the decedent's surviving spouse's name, provide the tax statement from the year of the decedent's death. If you are only requesting a spelling correction to the surviving spouse's name, provide the birth certificate of the spouse or a government-issued marriage certificate.
- If you are requesting a change in the decedent's education, provide a copy of the diploma or school record that supports the decedent's highest level of education.
- If you are requesting a change to the decedent's parent's information, provide the decedent's birth certificate. If the decedent does not have a birth record, then provide other documents such as a baptismal certificate that lists the parent's name.
- A certified or original court order that authorizes the change may also be provided. A copy of the petition to the court must also be provided.

PART 5: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of the following:

- A valid driver's license or other government-issued photo ID. The address on my ID matches the mailing address listed in Part 1. **Expired IDs cannot be accepted.**
- I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement) as listed in Part 1. See certificates.health.pa.gov for further information.

PART 6: SIGNATURES AND NOTARIZED STATEMENT

You must sign in front of a notary and have the form notarized unless you are submitting a certified copy of a court order that authorized these changes to the death record.

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

Subscribed and sworn to or affirmed before me:

(Signature of notary)

(Date)

(Signature of individual Listed in Part 1)

(Date)

SEAL

MAIL TO:

Pa. Department of Health
Bureau of Health Statistics and Registries
ATTN: Death Registry
555 Walnut St., 6th Floor
Harrisburg, PA 17101-1934