

## **CENTER FOR HEALTH STATISTICS**

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

File #:	
Z #:	

## AFFIDAVIT TO CORRECT A DEATH RECORD

		ALLIDAVILL	O CONNECT A DEATH NECK	
NAME OF D	ECEASED:			
DATE OF DE	EATH:			
PLACE OF DEATH:				
Print/type inf	ormation cle	early.		
If correcting	name(s) ple	ase indicate if first, midd	lle, or last name.	
Reason #: Item # or entry to be corrected:		entry to be corrected:	Original record now shows:	Corrected item should show:
It is a Class C	felony for an	y person to make any falso	e statement or supply false informatio	n in an application for an amendment.
4 Re 5 Ot Funeral d	esponse to q her (specify) irector's sig	gnature:		Date signed:
				Oregon License #:  Telephone #:
Funeral facility name :				Telepriorie #
☐ Certifying physician's signature:  (Signer on death record)				Date signed:
Printed na	me:			
Please pro	ovide your te	lephone number in case	we need to contact you for further in	formation:
Fees/Certific	ates:			
				death record. There is never a fee for se of death, accident information, etc.)
are made t	o the medica	I portion only of the death	record, no \$5 per record replacement	per replacement certificate. If corrections fee will be charged. To order new st copy and \$20 for each additional copy.
	n occurred m a new certifi		\$35 fee is required for non-medical	amendments. This fee does not include
	ertificates issued in the last year, include			
\$5 for each replacement certificate.			Vital R	ecords Use Only

Initials

Completed date of amendment