



DEPARTMENT OF HEALTH
Bureau 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.**



State of Florida
Department of Health
Bureau of Vital Statistics
www.floridahealth.gov/certificates

APPLICATION FOR AMENDMENT TO FLORIDA DEATH OR FETAL DEATH CERTIFICATE

Applicant Information (Eligibility Requirements on Reverse Side)

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382 Florida Statutes, or on an application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775 Florida Statutes.

Applicant's Name: _____
(Person requesting the record)

Mailing Address: _____ Apt #: _____

City: _____ State: _____ ZIP Code: _____

Phone (with area code): _____ email: _____

Relationship to Person on Death Record: _____ Signature: _____

If Attorney or Funeral Director, provide name of client you represent: _____, their client's relationship to decedent: _____, and your bar/professional license #: _____

Information for Death Search

Select Record Type: ☐ Death ☐ Fetal Death

Full Name on Death Record: _____

Sex: _____ Date of Death (If unknown, range of years): _____ Date of Birth: _____

Place of Death (City/County): _____ Surviving Spouse: _____

Social Security Number: _____ Funeral Home Name: _____

Amendment Type (See Instructions on Back)

CHECK TYPE OF AMENDMENT: Non-Medical (Requires \$20 fee)

Medical (Does NOT require \$20 fee)

Non-Medical Amendment Only (includes first certificate)

☐ WITHOUT Cause of Death ☐ WITH Cause of Death

Medical Amendment Only (first certificate)

☐ WITHOUT Cause of Death ☐ WITH Cause of Death

Additional Certificates WITHOUT Cause of Death: \$4.00 each

Additional Certificates WITH Cause of Death: \$4.00 each

Rush Order (Optional): Rush orders are given priority processing and require an additional \$10 fee. Mark the outside of your envelope "RUSH". Expedite shipping is NOT included.

Shipping & Handling Fee per application (Standard U.S. Postal Delivery)

Fee		Quantity		
	X		=	
	X		=	
	X		=	
	X		=	
	X		=	
	X		=	
Total Amount Enclosed				

APPLICANT'S VALID PHOTO IDENTIFICATION REQUIRED WHEN REQUESTING CAUSE OF DEATH: (see list on reverse side). A \$5 search fee is included in all orders and is non-refundable. If no record is found, a certified "No Record Found" statement will be issued. See reverse side for additional information and eligibility requirements.

INFORMATION AND INSTRUCTIONS FOR AMENDMENT TO FLORIDA DEATH OR FETAL DEATH CERTIFICATE APPLICATION

If you need assistance, please contact our Records Amendments Section at 904-359-6900 ext. 9005

SOCIAL SECURITY NUMBER (Section 119.071, Florida Statutes): Social security numbers held by the Department of Health on death certificates are confidential and will only be issued to an eligible party listed below, regardless of the date of death. Therefore, the first five digits of the decedent's social security number will be redacted when issuing a public record request.

ELIGIBILITY (Section 382.025, Florida Statutes):

WITHOUT CAUSE OF DEATH: Any person of legal age (18) may be issued a certified copy of a death record without the cause of death on the record.

CAUSE OF DEATH INFORMATION: Cause of Death for any record over 50 years old may be issued to any applicant of legal age. Death records less than 50 years old with the cause of death information included may only be issued to:

1. The decedent's spouse or parent
2. The decedent's child, grandchild or sibling, if of legal age
3. To any person who provides a will, insurance policy or other document that demonstrates an interest in the estate of the decedent
4. To any person who provides documentation that he or she is acting on behalf of any of the above-named persons
5. By court order

All requests for a death certificate that includes the cause of death information must state the qualifying eligibility or be accompanied with a notarized Affidavit to Release Cause of Death Information (DH Form 1959) signed by an eligible person (form is available on our website) and a copy of valid photo identification of both the person authorizing release and the applicant.

If requesting cause of death, the funeral home of record or attorney representing an eligible person as defined above must include their professional license number, and the name and relationship of the person they are representing. If not representing an eligible person or if not the funeral home of record, then a completed Affidavit to Release Cause of Death Information (DH Form 1959) must accompany the request.

SPECIAL NOTE: Florida Clerk of Circuit Court will not accept a death record with "cause of death information included" when filing probate.

MEDICAL AMENDMENT: Includes cause of death, manner of death, date of death, hour or time of death, place of death (other than street address).

MISSING DATA: A search cannot be made without the decedent's name and year. If any of the other items requested on the front of this form are unavailable, some other identifying information (such as parents' names, birthplace, etc.) may be helpful if multiple records are found for common names.

RESPONSE TIME: Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed and certification(s) issued within two to three weeks. RUSH processing is available to those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established in rules of the department. Expedite shipping is NOT included in rush fee. All orders require a \$1.00 Shipping and Handling Fee and are mailed Standard U.S. Postal delivery unless a special prepaid express delivery envelope is provided.

FEES ARE NONREFUNDABLE: If no record is found, a "Not Found" statement will be issued. Fees are nonrefundable, except fees paid for additional copies when no record is found. These may be refunded upon written request. Check or Money Order Payable to: Vital Statistics. DO NOT SEND CASH. International payments must be made by Cashier's Check or Money Order in U.S. Dollars drawn upon a U.S. Bank. Florida Law imposes an additional service charge of \$15.00 for dishonored checks.

MAIL THIS APPLICATION WITH PAYMENT AND COPY OF VALID ID TO:

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ATTN: CORRECTIONS UNIT
P.O. BOX 210
JACKSONVILLE, FL 32231-0042

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

PLEASE VISIT OUR WEBSITE:
www.floridahealth.gov/certificates



State of Florida
Department of Health Bureau of Vital Statistics

AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH

Name of Deceased (Type of Print)		State File No.
Date of Death (Month, Day, Year)	Place of Death (County)	City, Town or Location
ITEM OMITTED OR IN ERROR	DEATH CERTIFICATE SHOW	SHOULD BE

Affidavit of Informant or Next of Kin

I hereby declare under oath that the above statements are true and correct. _____ (Signature of Affiant)

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of _____, 20____, by _____ (Informant or Next of Kin).

Signature of Notary Public

Printed Name of Notary Public

Stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Affidavit of Funeral Director

I hereby declare under oath that the above statements are true and correct. _____ (Signature of Affiant)

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of _____, 20____, by _____ (Funeral Director).

Signature of Notary Public

Printed Name of Notary Public

Stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

INFORMATION AND INSTRUCTIONS FOR AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH

- Please print clearly.
- The affidavit must be signed by the informant or next of kin and a funeral director that filed the original death certification.
- The affidavit must be signed in the presence of a notary public.
- The affidavit is NOT ACCEPTABLE if erasures or alterations are made.
- Complete and submit an application for Amendment to Death or Fetal Death Record (DH Form 524) along with the affidavit.

NOTE: This affidavit is may be used for most demographic corrections. See instructions on DH Form 670 for corrections that require supporting documentary evidence.

If assistance is needed, contact the Correction unit at (904) 359-6900, ext. 2808

MAIL THIS COMPLETED AFFIDAVIT WITH APPLICATION (DH 524) AND PAYMENT TO:

FLORIDA DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

ATTN: CORRECTION UNIT

P.O. BOX 210

JACKSONVILLE, FL 32231-0042

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

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