APPLICATION TO AMEND CERTIFICATE OF DEATH

STATE OF TEXAS **NO.**

Applicants Name: _____
Last First Middle

Street Address _____ Telephone # _____ (8am-5-pm)

City _____ State _____ Zip Code _____

Signature: _____

BUREAU OF VITAL STATISTICS

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS SHOWN ON DEATH CERTIFICATE. (Type or Print)		
1. FULL NAME OF DECEASED		2. DATE OF DEATH
3. PLACE OF DEATH	4. SEX	5. STATE FILE NO. (If known)
6. FULL NAME OF FATHER	7. FULL MAIDEN NAME OF MOTHER	

TEXAS DEPARTMENT OF HEALTH

PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED. (Type or Print)		
8. ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF PERSONAL KNOWLEDGE

PART III. THIS AFFIDAVIT SHOULD BE SIGNED BY A PERSON WHO WAS ACQUAINTED WITH THE FACTS AT THE TIME THE DEATH OCCURRED, PREFERABLY BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL CERTIFICATE.

This Section MUST be signed before a Notary Public.

STATE OF TEXAS
COUNTY OF _____

Before me on this day appeared _____ (Name of Affiant)

now residing at _____ (Street Address) _____ (City)

_____ (State), who is related to the deceased named in Item I above as _____

and who on oath deposes and says that the death certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.

Signature _____

Sworn to and subscribed before me, this _____ day of _____, 19____

Signature of Notary Public
Commission Expires
Typed or Printed Name
Street Address
City and State

PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION.
(See Parts V and VI on reverse side.)
OFFICE USE ONLY

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Vernon's Texas Health Code, Sec. 195, 1989.)

VS-172 REV. 7/96

This application, supporting document(s), and the statutory filling fee of $15.00 should be submitted to:
This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose the additional fee of $9.00 for the 1st copy of the amended certificate requested, and $3.00 for each additional copy. If we may be of further assistance you may call (512) 458-7111, Mon.-Fri. 8am-5pm.

BUREAU OF VITAL STATISTICS
TEXAS DEPARTMENT OF HEALTH
P O BOX 12040
AUSTIN TEXAS 78711-2040

PART V. EXAMPLES OF CORRECTIONS AND TYPES OF DOCUMENTS REQUIRED. GENERALLY, THE AFFIDAVIT AND ONE ACCEPTABLE DOCUMENT ARE SUFFICIENT.

EXAMPLES OF CORRECTIONS	TYPES OF DOCUMENTS
A. ADDING INFORMATION [Items left blank on the certificate, excluding cause of death medical information]	
[1] No documents are required	Affidavit signed by informant, Funeral Director in Charge, Family member
B. CORRECTIONS IN SPELLING	
[1] No documents are required	Affidavit signed by informant, Funeral Director in Charge, Family member
C. CHANGES IN INFORMATION	
[1] Relating to Deceased	
a. Given Name	Affidavit and one document
b. Surname	Affidavit and one document
c. Date of Death	This item is considered medical information and may only be changed upon the affidavit of medical attendant or coroner that certified the death.
d. Marital Status	Affidavit signed by original informant, if the original informant is not available, then an affidavit and Court Finding as to the marital status of the deceased at the time of death.
e. Date of Birth of Decedent	Affidavit by informant or relative
f. Age	Affidavit by relative or informant
g. Usual Occupation	Affidavit by informant, relative, or Funeral Director in Charge
h. Birthplace	Affidavit by informant, relative, or Funeral Director in Charge
[2] Relating to Parent(s)	
a. Given Name(s)	Affidavit by informant or relative and one document
b. Surname (Last Name) of Father or Maiden name of Mother	Affidavit of informant or relative and one document

ANY OTHER ITEMS THAT REQUIRE CORRECTION SHOULD BE REFERRED TO BUREAU OF VITAL STATISTICS FOR INSTRUCTIONS ON DOCUMENTATION: (512) 458-7111.

PART VI. SUGGESTED TYPES OF DOCUMENTARY EVIDENCE. THE DOCUMENT MUST SHOW THE CORRECT INFORMATION REGARDING THE ITEM(S) TO BE CORRECTED.

1. FAMILY BIBLE RECORD
2. BAPTISMAL CERTIFICATE
3. OTHER CHURCH RECORD
4. PHYSICIAN'S OFFICE RECORD
5. RECORD OF HOSPITALIZATION
6. SCHOOL RECORD
   Must be signed by custodian of school records based on earliest attendance.
7. FEDERAL CENSUS RECORD
   Upon application, necessary forms will be furnished by the Texas Bureau of Vital Statistics.
8. ARMED FORCES DISCHARGE PAPERS
9. EMPLOYMENT RECORD
   An official statement signed by custodian of company employment records including the dates of employment.
10. LODGE, FRATERNAL, PROFESSIONAL, TRADE, SOCIAL OR OTHER ORGANIZATION RECORD
11. MARRIAGE RECORD
    A certified copy of certificate, license, or application, whichever supplies the required facts.
12. BIRTH CERTIFICATE OF CHILD OF DECEASED
13. BIRTH CERTIFICATE OF DECEASED
14. DIVORCE RECORD

The fee for conducting each search and issuing a certified copy of a death certifacate is $9.00. If more than one certification of the same record is required at the same time, the fee for the first copy of a death record is $9.00 and $3.00 for each additional copy of the record requested by the applicant in a single request. For any search of the files where a record is not found or a certified copy is not issued, the fee is $9.00.