

OHIO DEPARTMENT OF HEALTH – VITAL STATISTICS

Affidavit to Correct a Certificate of Death or Report of Fetal Death

ELIGIBILITY: Only an individual with personal knowledge of the matter sought to be corrected may change non-medical information on certificate. Cause of death, medical and health information may only be changed by the certifying physician or the coroner/medical examiner using a “Supplementary Medical Certification” form (HEA 2752). Please print in ink or type. Cross-outs will not be accepted.

Applicant name <i>(First, middle, last)</i>		
Relationship to Person on Record:	Spouse	Parent
	Guardian	Informant
	Funeral director	Other
Address		Phone Number
City	State	ZIP Code

ORIGINAL CERTIFICATE INFORMATION:

State File Number		Local Registrar Number	
Name as Recorded <i>(First, middle, last)</i>		Sex	
		Female	Male
Date of Death		City/County of Event	
Mother/Parent Name <i>(First, middle, last)</i>		Father/Parent Name <i>(First, middle, last)</i>	

ITEM(S) TO BE CORRECTED:

Item # / Item Name	Information As It Appears On Original Certificate	Correct Information

AFFIDAVIT OF PERSONAL KNOWLEDGE: *(this section must be signed before a notary)*

State of _____ County of _____

Before me on this date appeared _____
Person[s] executing affidavit

now residing at _____

Street
City
Zip Code

Being duly affirmed say that I/we have personal knowledge that the foregoing facts are true and correct relative to:

_____ Affirmed to and subscribed before me, this _____ day
Name as recorded on certificate of _____, 20____.

Signature: _____

Signature of Notary: _____

Signature: _____

Date Commission expires: _____