

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 (First, middle, last)
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 (First, middle, last) Sex Female Male
Date of Death City/County of Event
Mother/Parent Name (First, middle, last) Father/Parent Name (First, middle, last)

ITEM(S) TO BE CORRECTED:

Table with 3 columns: 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:

\_\_\_\_\_  
Name as recorded on certificate

Affirmed to and subscribed before me, this \_\_\_\_\_ day
of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Commission expires: \_\_\_\_\_