

## Who Can Apply for a Correction?

- The funeral director named on the death certificate.
- The informant named on the death certificate.
- The surviving spouse or surviving parent named on the death certificate.
- Medical certifier, if a fetal death certificate.

WHEN SENDING IN THE APPLICATION, PLEASE INCLUDE A PHOTOCOPY OF VALID PHOTO ID FOR THE PERSON SIGNING SECTION 5.

## How Do I Make a Correction?

- Complete and sign this application. See pages 3 and 4.
- Submit the appropriate documentation. See page 2.
- Submit the appropriate fees. See fee schedule below.

## Where Do I Mail the Application?

### Regular Mailing Instructions:

Please submit your application, supporting documents (if required) and fees to:

**DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.**

### Expedited Service Mailing Instructions:

The order must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:

**DSHS-Vital Statistics Section, MC 1966, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.**

## Fees: How much must I submit?

	Fee Schedule	Fee (\$)		Qty (#)		Total (\$)
<b>Filing Fees:</b>						
●	Correction to Death Certificate	\$15.00			=	\$15.00
<b>All orders are returned free of charge by USPS regular mail. For urgent requests, orders may be <b>EXPEDITED</b> by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS AND selecting one of the overnight return shipping methods below.</b>						
○	Expedite Overnight Mail (for shipping within USA) \$8 for Overnight Mail + \$5 for Expedited processing	\$13.00			=	
○	USPS Express Mail (for shipping overnight to PO Box ONLY) \$22.95 for Overnight Mail + \$5 for Expedited processing	\$27.95			=	
○	Priority Mail (for shipping to Overseas Military Address ONLY) \$4.95 for Overnight Mail + \$5 for Expedited processing	\$9.95			=	
<b>Death Certificate(s):</b>						
○	Certified Corrected Death Certificate – 1 <sup>st</sup> Copy	\$20.00	X	1	=	
○	Certified Corrected Death Certificate – Additional Copies	\$3.00	X			
<b>Grand Total</b>						

Fees may be combined in one check or money order made payable to **DSHS – Vital Statistics**

Visit our website: <http://www.dshs.texas.gov/vs/default.shtm> (access additional forms, order certified copies online or visit our frequently asked questions)

## What type of correction are you requesting?

<b>Box # 1: Document Checklist</b>	
<b>I want to...</b>	<b>You will need <u>one</u> of the supporting documents shown in Box # 2 below</b>
<input type="checkbox"/> Correct decedent's name	No documentation required if applicant is the Informant or Funeral Director. If not, 1, 2, 4, 5, 6, 7, or 8
<input type="checkbox"/> Add <u>one</u> AKA to the registrant's name that is a similar name	No documentation required if applicant is the Informant or Funeral Director. If not, 9
<input type="checkbox"/> Correct place of death	7 or 8
<input type="checkbox"/> Correct date of birth and/or age of decedent	No documentation required if applicant is the Informant or Funeral Director. If not, 2, 5, or 9
<input type="checkbox"/> Correct decedent's sex	No documentation required if applicant is the Informant or Funeral Director. If not, 5 or 9
<input type="checkbox"/> Correct birth place of decedent	No documentation required if applicant is the Informant or Funeral Director. If not, 2, 4, 5 or 9
<input type="checkbox"/> Correct social security number of decedent	No documentation required if applicant is the Informant or Funeral Director. If not, 3
<input type="checkbox"/> Correct marital status of decedent (Informant must sign and submit application)	If applicant is not the Informant, then 9. If changing status to married, must add name of surviving spouse
<input type="checkbox"/> Correct surviving spouse's name (Informant or Funeral Director must sign and submit application)	No documentation required to correct misspellings, if applicant is the Informant or Funeral Director. If correction is more significant than the spelling, 9
<input type="checkbox"/> Correct Informant's information (Informant or Funeral Director must sign and submit application)	
<input type="checkbox"/> Correct decedent's parent's first, middle or last name	
<input type="checkbox"/> Correct decedent's residence street address (Informant or Funeral Director must sign and submit application)	No documentation required.
<input type="checkbox"/> Correct method or place of disposition (Funeral Director must sign and submit application)	
<input type="checkbox"/> Correct Name of Funeral Facility (Funeral Director must sign and submit application)	9
<input type="checkbox"/> Correct Medical Information (Date of death and information at or below "Certified" line-items 26-41)	10
<input type="checkbox"/> Correct Medical Information – Fetal death certificate (Medical certifier must sign and submit application)	No documentation required.

### Suggested Supporting Documents:

Documents must be original certified copies (no photocopies or notarized copies) on official letterhead or with an original certification or seal unless otherwise specified below. Foreign documents, including notaries, must have an apostille or legalization. **All supporting documents must match the requested correction(s) exactly and cannot be altered.**

<b>Box # 2: Supporting Documents</b>	
1	Funeral home contract or worksheet
2	Baptismal certificate - Must be within first 5 years of birth
3	Social security card of deceased - Photocopy accepted
4	Armed forces discharge papers (form DD 214) – Photocopy accepted
5	Birth certificate of deceased
6	Divorce record (limited use)
7	Medical records
8	Medical Examiner/Justice of the Peace, Police or EMS Reports
9	A certified copy of a court order affecting information shown on the death certificate.
10	Medical amendment filed by the medical certifier



**IMPORTANT:** Photocopies, alterations, strike-through, or write overs of this completed application will not be accepted. Please use a new application if you make a mistake.

## Death Certificate Correction Application

Type or Print (please use blue or black ink ONLY)

Request No. \_\_\_\_\_

### Section 1: What is Your Name? (Applicant's Information)

Name (First, Middle, Last):	
Address (Mailing Address, City, State, Zip):	
Email Address:	Telephone # (8am-5pm) (      )      -
Your relationship to Person named on the death certificate: <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Surviving Spouse/Parent <input type="checkbox"/> Medical Certifier (Fetal Death Only) >>>>>>A COPY OF THE APPLICANT'S VALID PHOTO ID MUST BE ATTACHED<<<<<<<	

### Section 2: Death Certificate Information

Enter information as it appears on the current death certificate.

Death Certificate Number, if known:		142 - -	
Decedent's First Name:	Middle Name:	Last Name:	
Date of Death:			Sex:
Place of Death (City or town)	(County)	(State) TEXAS	
Decedent's Date of Birth:	Decedent's Social Security Number, if known:		

### Section 3: What do you want to correct?

We cannot accept whiteout, strike-through, alterations, or write overs.

List items to be added, corrected or removed	What is on the death certificate now?	What should the death certificate say?
Example: Decedent's First Name	Andre	Andres
Example: Date of Birth	August 2, 1955	August 12, 1956

**Section 4: Would you like to request a death certificate?**

Check one:

- No, I would not like a certified copy of the corrected death certificate.
- Yes, I would like a certified copy of the corrected death certificate. Number requested: \_\_\_\_\_

**Please verify fees and quantity ordered in the fee box on Page 1.**

**Section 5: Affidavit**

Please sign below in the presence of a notary public. Cross-outs or white-outs will void your application.

**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. (Texas Health and Safety Code, Chapter 195).**

<b>Applicant:</b>			
Signature:		Date:	
Address:	City:	State:	Zip:
<b>Notary Public, County Clerk, or other person authorized to administer oaths</b>			
Sworn to and subscribed before me, this _____ day of _____ 20_____.			
Signature:		Date:	<i>[Stamp or Seal]</i>
Printed name and title:			