OREGON HEALTH AUTHORITY

CENTER FOR HEALTH STATISTICS
P.O. Box 14050
Portland, Oregon 97293-0050

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AFFIDAVIT TO CORRECT A DEATH RECORD

NAME OF DECEASED:	
DATE OF DEATH:	
PLACE OF DEATH:	

Print/type information clearly.

If correcting name(s) please indicate if first, middle, or last name.

Item # or entry to be corrected:	Original record now shows:	Corrected item should show:

I, (we), being duly sworn upon oath do hereby declare that this affidavit is made in order to provide a true and correct record of the above death. It is a Class C felony for any person to make any false statement or supply false information in an application for an amendment of a death record.

❑ **Informant's signature:**_____ Date signed:_____

Printed name:_____

Address:_____

State of:_____ County of:_____ My commission expires:_____

Notary's signature:_____ Seal/stamp:

❑ **Next of kin signature:**_____ Date signed:_____

Printed name:_____

Address:_____

State of:_____ County of:_____ My commission expires:_____

Notary's signature:_____ Seal/stamp:

Fees/Certificates:

Within one year from date of death there is no fee for correcting/adding information to a death record. **There is never a fee for correcting/adding information to the medical portion of the death record (i.e. cause of death, accident information, etc.)**

You may return uncorrected death certificates (issued within the last 12 months) for $5 per replacement certificate. If corrections are made to the medical portion only of the death record, no $5 per record replacement fee will be charged. To order new certificates without returning certificates for replacement, enclose a fee of $25 for each certificate.

❑ If the death occurred more than one year ago, a $35 fee is required for non-medical amendments. This fee does not include the fee for a new certificate.

❑ If the amendment is to the non-medical portion of the death record and you return certificates issued in the last year, include $5 for each replacement certificate.