Washington State Department of HEALTH

DOH 422-311 November 2026

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Application to Amend a Death Certificate

Is This the Right Form?

Use this form to fix mistakes or update items on a death certificate. Do **NOT** use this form for:

- Changing the cause of death, injury, or day and time of death sections. Only the medical certifier who signed the certificate can submit a request to correct this information.
- Changing the method or day of disposition. Only the funeral facility on the certificate can submit a request to correct this information.

Who Can Ask for Updates?

Only certain people may request updates to a death certificate:

- Informant listed on the certificate (person who provided information to the funeral facility).
- Surviving spouse or registered domestic partner listed on the certificate.
- Parent, sibling, adult child or stepchild, or next of kin as defined in RCW 11.28.120.
- Legal representative - A licensed attorney representing the person who died that is named on the certificate or one of the persons listed above.

How to Apply

1. Have the current (incorrect) certificate with you while filling out this application.
2. Gather your supporting proof documents.
3. Fill out the application using blue or black ink.
    - All fields are required.
    - You can type on it using your computer or print it and write by hand.
4. Make a copy of the photo ID for every person who signs the application.
5. Put these items in an envelope:
    - Pages 3 and 4 of the application.
    - Copies of government-issued IDs for everyone who signed.
    - Your supporting proof documents – See Guide on Supporting Proof Documents (PDF).
    - Your proof that you qualify, if needed – See Guide on Proving You Qualify (PDF).
6. Mail everything to:

    Center for Health Statistics
    Attn: Amendments
    PO Box 47814
    Olympia, WA 98504-7814

Common Questions

Can I use one document for more than one thing?

Yes. One document can prove who you are, prove how you are related, or give the correct information for the change. For example, a birth certificate can prove you qualify and give the correct spelling of a name.

What does a supporting proof document do?

A supporting proof document proves the amendment you want made. Because we need to link the amendment to the person, proof documents must show the full name and date of birth for the person whose information you want to amend.

Some examples of what we can accept include:

- Passport
- REAL ID compliant driver's license or ID card
- Birth, marriage, or divorce certificate
- Certificate of Naturalization
- Permanent resident card (I-551)
- Military record (DD-214)
- Hospital or medical record
- Health or life insurance policy
- Official school transcripts
- Government benefit record (such as Medicaid or social services)
- Social Security Abstract
- Full Numident Report (from the Social Security Administration via FOIA request)

Proof documents we do NOT accept:

- Driver's license or ID card that is **not** REAL ID compliant
- Decorative hospital birth certificate
- Social Security card
- Family Bible

See the Guide on Supporting Proof Documents (PDF) for more information on supporting proof documents.

Will you send me a new certificate after finishing the amendment?

We do not automatically send out certificates after an amendment. We will mail you a confirmation letter that the amendment was made with next steps for ordering a certificate.

You **can exchange or order** a certificate **at the same time** as you ask for an amendment **by sending both in the same envelope**. Your ID and proof you qualify for the amendment can also be used for the certificate exchange or purchase. We will mail new certificates after the amendment is made.

Free Exchange – Certificate issued less than 1 year ago

If you have a certificate that was issued by the Washington State Department of Health or a Washington State local health department within the last year, we will exchange it for free. The issue date is usually found in the upper-right corner of the certificate.

- Send us the certificates to exchange with the amendment application.

Order and Pay - Certificate issued more than 1 year ago

If the certificate was issued more than a year ago, you must buy a new one.

- Send us a completed death certificate order form (PDF) and payment with this application. Make sure to use the updated information on the order form and follow the instructions to avoid delays.

Questions or Application Status?

Website: www.doh.wa.gov/CertficateCorrections
Email: VitalRecordsCorrections@doh.wa.gov
Phone: 360-236-4300, Monday – Friday 9:00 a.m. to 2:00 p.m.

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Mail to:
Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814

Application to Amend a Death Certificate

Information About You

First Name **Middle Name** **Last Name**

_____ _____ _____

Your Relationship with the Person on the Certificate who Died

◯ Informant ◯ Parent ◯ Adult Child or Stepchild ◯ Legal Representative

◯ Spouse or Domestic Partner ◯ Sibling ◯ Next of Kin

Your Mailing Address

PO Box or Street address Unit Number City State Zip code

_____ _____ _____ _____ _____

Your Contact Information

Phone number (U.S. only) Email address

_____ _____

Information Currently Shown on the Certificate

We use this information to locate the record. Please make sure to use what is on the certificate now.

Information About the Person who Died

First Name Middle Name Last Name

_____ _____ _____

Date of Death City or County of Death

_____ _____

Tell Us the Updates You Want Made

What's wrong? → Example: Informant address	**The certificate now shows:** → Example: 234 Main St City, WA 98101	**The certificate should show:** Example: 1234 Main St City, WA 98107
Wrong item 1	Now shows	Should show
Wrong item 2	Now shows	Should show
Wrong item 3	Now shows	Should show
Wrong item 4	Now shows	Should show
Wrong item 5	Now shows	Should show

Authorize Your Request

By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I provided is true and correct.

Your Signature _____

Date Signed _____

Application checklist:

- ☐ All sections of the application are complete, including required signature and date signed.
- ☐ I included a copy of my required identity documents.
- ☐ I included a copy of the proof documents required to update the certificate.
- ☐ I included a copy of my proof of relationship with the person on the certificate, if required.

Stop! This section is for state vital records office use only.

State File Number	Fee Number	Initial	Date	Application Number