



**State of Florida
Department of Health – Office of Vital Statistics**

AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF FETAL DEATH

(See Instructions on Reverse)

ENTER CORRECT INFORMATION CONCERNING INFANT	NAME OF INFANT (TYPE OF PRINT)		STATE FILE NO.
	DATE OF DELIVERY (MONTH, DAY, YEAR)	PLACE OF DEATH (COUNTY)	CITY, TOWN OR LOCATION
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	FETAL DEATH CERTIFICATE SHOW	SHOULD BE

AFFIDAVIT OF PARENT NOTARY	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE OF MOTHER/PARENT			
	SUBSCRIBED AND SWORN BEFORE ME ON	SIGNATURE OF NOTARY		STAMP
	_____, 20____ Personally Known ___ OR Produced Identification ___ ID Produced: _____	Printed Name of Notary	My Commission Expires	State of: _____ County of: _____
AFFIDAVIT OF PARENT NOTARY	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE OF FATHER/PARENT			
	SUBSCRIBED AND SWORN BEFORE ME ON	SIGNATURE OF NOTARY		STAMP
	_____, 20____ Personally Known ___ OR Produced Identification ___ ID Produced: _____	Printed Name of Notary	My Commission Expires	State of: _____ County of: _____

(APPLICANT DO NOT WRITE BELOW THIS LINE)

DO NOT WRITE IN THIS SPACE	ABSTRACT OF SUPPORTING EVIDENCE			
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)			DATE ORIGINAL DOCUMENT WAS MADE
	1.			
	2.			
	3			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1			
	2			
	3			
	ADDITIONAL INFORMATION			
I certify that I have examined the documents referred to above, that they show no changes or erasures and appear to be authentic		STATE REGISTRAR OF VITAL STATISTICS	EVIDENCE REVIEWED BY	DATE FILED

INSTRUCTIONS

The affidavit is NOT ACCEPTABLE if erasures or alterations are made.

Complete only the upper portion of the affidavit. Do not write or type below the line which reads “APPLICANT DO NOT WRITE BELOW THIS LINE.”

Please use black ink or print neatly using black ink. The affidavit may be attached to the original fetal death certificate becoming a permanent part of the record.

The affidavit must be signed before a notarizing official by a parent listed on the fetal death certificate except in the case where a father’s/parent’s name is to be added to the certificate. In this case, the notarized signatures of both mother/parent and father/parent shall be required. Signatures must be written, NOT printed.

If amendment of the medical portion of the certificate, the amendment shall be confirmed in writing by the attending physician or medical examiner with current jurisdiction of the district in which the fetal death occurred.

- Medical portion means the medical certification of the cause of death, date of death, hour or time of death or the place of death other than the street address.
- All other items are considered non medical.

If assistance is needed in connection with a non medical amendment (as defined above), please contact the Correction Unit at (904) 359-6900, Ext. 9005. If correction is in connection with a medical amendment (as defined above), contact the Medical Coding Unit at (904) 359-6900, ext. 9013.

MAIL THIS COMPLETED AFFIDAVIT WITH APPLICATION (DH 524) AND PAYMENT TO:

**DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
ATTN: CORRECTION UNIT
P.O. BOX 210,
Jacksonville, FL 32231-0042**

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE:

www.FloridaVitalStatisticsOnline.com