



**State of Florida**  
**Department of Health – Office of Vital Statistics**  
**AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH**  
 (See Instructions on Reverse)

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

<b>AFFIDAVIT OF INFORMANT OR NEXT OF KIN</b>	I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		ADDRESS	
	SIGNATURE			
	SUBSCRIBED AND SWORN BEFORE ME ON _____, 20____	SIGNATURE OF NOTARY	STAMP	
<b>NOTARY</b>	Personally Known ____ OR Produced Identification ____ ID Produced: _____	PRINTED NAME OF NOTARY	My Commission Expires	State of: _____ County of: _____
<b>AFFIDAVIT OF FUNERAL DIRECTOR</b>	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
	SUBSCRIBED AND SWORN BEFORE ME ON _____, 20____	SIGNATURE OF NOTARY	STAMP	
<b>NOTARY</b>	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)**

<b>DO NOT WRITE IN THIS SPACE</b>	<b>ABSTRACT OF SUPPORTING EVIDENCE</b>			
	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

- 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 print neatly using black ink. The affidavit may be attached to the original death certificate becoming a permanent part of the record.
- The affidavit must be signed by the informant or next of kin and a funeral director from the funeral establishment that filed the original death certification. The affidavit must be signed in the presence of a notary public who must also sign and complete the notary portion of the affidavit.
- Signatures must be written, NOT printed.
- The affidavit is NOT ACCEPTABLE if erasures or alterations are made.
- Complete and submit an application for Amendment to Death or Fetal Death Record DH Form 524 along with the affidavit.

**NOTE: This affidavit is sufficient for some minor corrections. However, many corrections must be supported by submission of documentary evidence. See the enclosed instructions for corrections that require supporting documentary evidence in addition to the affidavit.**

If assistance is needed in connection with this amendment, please contact the Correction Unit at (904) 359-6900, Ext. 9005.

**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.floridahealth.gov](http://www.floridahealth.gov)