AFFIDAVIT OF MEDICAL AMENDMENT TO

	 DECEDENT'S NAME (First, Middl 	le. Last. Su	ıffix)					15 DAI	$\vdash () \vdash () \vdash \Delta \vdash$	⊣ (Month Dav	Year) 8 C	COUNTY OF DEATH				
		o, <u>L</u> aoi, oa						J. DAI	L OI DLAII	i (ivioriui, Day,	16ai) 0. C	DOONT OF BEATT				
	a DI AGE GE BEATH					D /0 : ::										
	9. PLACE OF DEATH HOSPITAL: Inpatient (Check only one)								ead on Arrival							
NON-HOSPITAL: Hospice Facility N 10. FACILITY NAME (If not institution, give street address)					<u> </u>				cedent's HomeOther (Specify) R LOCATION OF DEATH							
ı	10. FACILITY NAME (II NOI INSULULION	i, give stree	et address)			116	. СП , ТО	WIN, OH LO	CATION OF	DEAIR	110.	INSIDE CITY LIMITS?				
ı												YesNo				
ı	30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.															
ŀ	(Check One)Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated. 31a. (Signature and Title of Certifier) 31b. DATE SIGNED (mm/dd/yyyy) 32. TIME OF DEATH (24 hr.) 33. MEDICAL EXAMINER'S CASE NUMBER															
ı	STO. DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER BY SIGNATURE DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/Syyyy) 32. TIME OF DEATH (24 III.) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/SYYYY) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/SYYYYY) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/SYYYYYY) 33. MEDICAL EXAMINER'S CASE NUMBER DATE SIGNED (IMM/OD/SYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY															
ı										*_	*					
ı	34a. LICENSE NUMBER (of Certified	AME	35				5. NAME OF ATTENDING PHYSICIAN (If other than Certifier)									
									T							
ı	36a. CERTIFIER'S - STATE 36b. (JIIY OR II	OWN		360.	STREET ADDRE	55					36d. ZIP CODE				
ı																
ı	39. PROBABLE MANNER OF DEAT	H The	following are u	nder the jurisd	iction of the r	nedical examiner:			4	0. REPORTED	TO THE	MEDICAL EXAMINER				
ı	Natural	<u> </u>	Accident	_Suicide	_ Homicide	Pending In	estigation	Unde	termined	DUE TO CA	AUSE OF I	DEATH? Yes No				
ı						plications - that						Approximate Interval:				
(See instructions on back) DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. IMMEDIATE CAUSE										iogy.	Onset to Death					
(Final disease or condition resulting in death) a.									<u> </u>							
I		t			Due	to (or as a conse	quence of):					!				
١	Sequentially list conditions, if any, leading to the cause	b. —										i				
ı	listed on line a. Enter the				Due	to (or as a conse	quence of):					į				
ı	UNDERLYING CAUSE											!				
ı	(disease or injury that initiated the events	0			Due	to (or as a conse	quence of):					!				
ı	resulting in death) LAST	d.										!				
ĺ	PART II. Other significant conditions	s contributi	ng to death bu	t not resulting	in the under	ying cause given	in PART I.					PSY FINDINGS AVAILABLE				
PERFORMED? TO COMPLETE THE CAUSE OF DEATH																
ŀ	43a. IF SURGERY MENTIONED IN	PART I OF	R II, ENTER RE	EASON FOR	SURGERY	3b.DATE OF SU	RGERY (Ma				Yes CONTRIBL	No JTE TO DEATH?				
ı									\ \	. N-	Б.	ala alah				
ŀ	45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR:															
ı																
ł	46. DATE OF INJURY (Month, Day,			pecify timefra		_ at time of deatl			OF INJURY		n 43 days	to 1 year of death				
ı	40. DATE OF INSORT (MORITI, Day,	rear)	47. TIVIL OF	1100HT (24	40. 11			LOCATION	OI INJOHT	- SIAIL						
ı	49b. CITY OR TOWN 49c. STF				Yes No EET ADDRESS49d. APT. NO. 4						49e. ZIP	CODE				
ı	49b. OITT ON TOWN		4-5	ic. SINLLIA	DDHLSS					490. AF 1. NO.	456. 211	CODE				
l	50. DESCRIBE HOW INJURY OCCI	UBBED								51 PLACE O	 F IN.IURY	(e.g. Decedent's home,				
ĺ										construc	ction site, i	restaurant, wooded area)				
ı																
	IF TRANSPORTATION INJURY, 52a	ı. Status o	f Decedent	Driver/Op	erator	Passenger _	_ Pedestria	an Ot	her (Specify)							
J	52b. Type of Vehicle Car/ Min	ivan	S.U.V Mo	otorcycle	Pickup Truck	/ Cargo Van	Bus H	Heavy Trans	portOth	er (Specify)						
1																
۱	THE UNDERSIGNED, BEING FIRST DULY SWORN, STATES THAT THIS AFFIDAVIT IS MADE FOR THE PURPOSE OF AMENDING MEDICAL CERTIFICATION FOR THE ABOVE NAMED PERSON, AND THAT THE FOLLOWING EXPLANATION IS GIVEN AS THE BASIS OF THIS AMENDMENT:															
ŀ																
		Attanding	Dhysioin	Inaz	E SIGNED !	IV CEDTICIED		l N/	DTADY COM	MISSIONI EVP	IDEC /AET	SIX SEAL)				
	Signature and Title of Certifier or a	Attending	Physician	DAT	E SIGNED F	Y CERTIFIER		No	DTARY COM	MISSION EXPI	IRES (AFF	FIX SEAL)				
			,	DAT	E SIGNED E	SY CERTIFIER		NO	DTARY COM	MISSION EXPI	IRES (AFF	FIX SEAL)				
	Signature and Title of Certifier or A PHYSICIAN'S SIGNATURE OF CERTIFIER OF CERTIF		,						DTARY COM	MISSION EXPI	IRES (AFF	FIX SEAL)				
	Signature and Title of Certifier or . PHYSICIAN'S SIGNATURE of Notary	GNATU	URE			Y CERTIFIER	BEFORE M		DTARY COM	MISSION EXPI	IRES (AFF	FIX SEAL)				
	Signature and Title of Certifier or A PHYSICIAN'S SIGNATURE OF CERTIFIER OF CERTIF	GNATU	URE				BEFORE MI		DTARY COM	MISSION EXPI	IRES (AFF	FIX SEAL)				
	Signature and Title of Certifier or . PHYSICIAN'S SIGNATURE of Notary	GNATU	URE	SUE	SSCRIBED A					MISSION EXPI	IRES (AFF	FIX SEAL)				

INSTRUCTIONS FOR MEDICAL AMENDMENT TO FLORIDA CERTIFICATE OF DEATH

(TYPE IN PERMANENT BLACK INK)

Private Physicians - The attending or certifying physician may amend the cause of death section of any Florida Certificate of Death showing their name(s) on the original Florida Certificate of Death.

Medical Examiners - Only the Medical Examiner, with current jurisdiction, may amend the cause of death on any Florida Certificate of Death (whether originally signed by a private physician or previous Medical Examiner of the district) coming under their jurisdiction pursuant to Chapter 406, Florida Statutes.

A detailed explanation must be given to justify why you are amending the death record. Comments such as "Per family request" should not be included.

The signature of the certifying physician, or medical examiner, is required on 31a with the current date on 31b.

Complete and sign the Affidavit of Medical Amendment to Florida Certificate of Death in the presence of a notary public or other officer having official seal.

The notary section at the bottom of the form must include:

- Signature of either the attending physician, or certifying physician, or Medical Examiner
- The date signed by certifier (must be the same as the notary's date)
- Notary's Signature
- Notary's date "subscribed and sworn to before me on" (must be the same as the certifier's date)

There is no fee required by the Office of Vital Statistics to amend a death record with regard to cause of death information. However, if computer certified copies of the amended record are desired, a fee of \$5.00 for the first copy and \$4.00 for each subsequent copy ordered at the same time is required and can be submitted at the time the affidavit is filed with this office. If book copies of the amended record are desired, a fee of \$10.00 for the first copy and \$4.00 for each subsequent copy ordered at the same time is required and can be submitted at the time the affidavit is filed with this office. If copies are ordered at a later date, the fee should be directed to the address below and to the attention of client services.

PLEASE COMPLETE AND RETURN THIS FORM TO THE DEPARTMENT OF HEALTH:

Medical Classification
Bureau of Vital Statistics
1217 N Pearl Street (zip 32202)
P.O. Box 210
Jacksonville, Florida 32231-0042