

State of Florida Department of Health Bureau of Vital Statistics

AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH

Name of Deceased (Type of Print)			State File No.	
Date of Death (Month, Day, Year)	Place of Death (County)		City, Town or Location	
ITEM OMITTED OR IN ERROR	DEATH CERTIFIC	CATE SHOW	SHOULD BE	
Affidavit of Informant or Next of K	 (in			
I hereby declare under oath that the above statements are true and correct(Signature of Affiant)				
STATE OF FLORIDA COUNTY OF				
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20, by (Informant of Next of Kin).				
01, 20, 0y				
Signature of Notary Public			Printed Name of Notary Public	
Personally Known OR Produced Identification				
Type of Identification Produced				
Affidavit of Funeral Director				
I hereby declare under oath that the above statements are true and correct (Signature of Affiant)				
STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day				
Sworn to (or affirmed) and subscribed before me by means of of, 20, by				
Signature of Notary Public		Printed Name of Notary Public Stamp Commissioned Name of Notary Public		
Personally KnownOR Produced Identification				
Type of Identification Produced		-		

INFORMATION AND INSTRUCTIONS FOR AFFIDAVIT OF AMENDMENT TO A FLORIDA CERTIFICATE OF DEATH

- Please print clearly.
- The affidavit must be signed by the informant or next of kin and a funeral director that filed the original death certification.
- The affidavit must be signed in the presence of a notary public.
- 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 may be used for most demographic corrections. See instructions on

DH Form 670 for corrections that require supporting documentary evidence.

If assistance is needed, contact the Correction unit at (904) 359-6900, ext. 2808

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

FLORIDA DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

ATTN: CORRECTION UNIT

P.O. BOX 210

JACKSONVILLE, FL 32231-0042

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

PLEASE VISIT OUR WEBSITE:

www.floridahealth.gov/certificates