IN THE IOWA DISTRICT COURT IN AND FOR _____COUNTY In re the Amendment of the Case No. Death Certificate of: **Order Amending Death Certificate Petitioner (Person Requesting** Amendment). Now on this _____ day of _____, the Petition for Amending Death Certificate under Iowa Code Section 144.38 comes before the Court for review. After reviewing the Petition and supporting evidentiary documentation as provided with said Petition, the Court finds as follows: That said Petition for Order Amending Death Certificate is denied for the following reason(s): Comes now the Court and after reviewing Petition for Amending Death Certificate finds 1) That the Petitioner is a qualified person to request such amendment. 2) The full name, date of birth and date of death of the decedent on the certificate that is requested to be amended is as follows: a. Name: _____ b. Date of Birth: c. Date of Death: _____

3) The Petitioner provided the following information to the Court:

a) THE FOLLOWING ITEMS ARE REQUESTED TO BE AMENDED (list as item appears on death certificate):

	First	Middle	Last name prior to marriage	Last name after marriage
nother's Name	F:t	n at all la		C. III
	First	Middle	Last	Suffi
ther's Name				
	First	Middle	Last	Suffi
eceased Marital	Status		Sex	·
urviving Spouse:				
ause of Death:			(a	after 90 davs following
			he medical certifier's state	
	• •	G ,		
ther:				
other:				
ther:				
ther:				
			TO BE AMENDED AS FOLL	
b) ITEMS				
b) ITEMS lame of	LISTED ABOV	/E ARE REQUESTED	TO BE AMENDED AS FOLL	
b) ITEMS ame of	LISTED ABOV	/E ARE REQUESTED	TO BE AMENDED AS FOLL	
b) ITEMS Jame of Deceased	First	/E ARE REQUESTED	TO BE AMENDED AS FOLL	ows:
b) ITEMS ame of eceased	First	/E ARE REQUESTED	TO BE AMENDED AS FOLL	OWS: Last name after marriage
b) ITEMS ame of eceased	First	/E ARE REQUESTED Middle	TO BE AMENDED AS FOLL Last name prior to marriage	OWS: Last name after marriage
b) ITEMS ame of eceased lother's Name	First	/E ARE REQUESTED Middle	TO BE AMENDED AS FOLL Last name prior to marriage	OWS: Last name after marriage
b) ITEMS ame of	First	/E ARE REQUESTED Middle	TO BE AMENDED AS FOLL Last name prior to marriage	OWS: Last name after marriage Suffi

Cause of Death:	(after 90 days following the date				
of death, or without autopsy findings, o	or without the medical certifier's statement within the first 90 days)				
Other:					
other.					
4) The following evidentiary d	ocuments were submitted and reviewed by the Court.				
A. A certified copy of the de	eath certificate to be amended				
	eath certificate was not available because (state reasons birth				
certificate is not available):					
5) The following additional evid	dentiary documents were submitted and reviewed by the court, and				
support the requested chan	ge:				
 Certified copy of a Ce 	ertificate of Birth				
• •	itary entry or discharge papers				
 Certified copy of a Ce 	ertificate of Marriage				
<u> </u>	y employer of employment record				
	School enrollment or transcript records, (but NOT diplomas)				
	Life insurance policy or pension plan with statement prepared by the company				
 Hospital or physician 					
	Social security application (micro print)				
o Other (specify)					
After full review of the evidentiary doc	umentation, the Court hereby Orders the Iowa Department of Public				
	referred to herein as requested in section 3(b) above.				
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	JUDGE, JUDICIAL DISTRICT OF IOWA				