

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

<p>In re the Amendment of the Death Certificate of : _____ By _____ Petitioner(s) (Person(s) Requesting Amendment).</p>	<p>Case No. _____ Petition for Order Amending Death Certificate</p>
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Comes now, _____, the Petitioner(s), for this Petition for Order Amending Death Certificate under Iowa Code Section 144.38 and states as follows:

- 1) That the Petitioner(s) herein is/are: (must be one of the following--mark one)
 - Surviving spouse of the decedent
 - Child of the decedent
 - Parent of the decedent
 - Other (specify) _____

- 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:
 - Name: _____
 - Date of Birth: _____
 - Date of Death: _____

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

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

Name of Deceased _____
First Middle Last name prior to marriage Last name after marriage

Mother's Name _____
First Middle Last Suffix

Father's Name _____
First Middle Last Suffix

Deceased Marital Status _____ Sex _____

Surviving Spouse: _____

Cause of Death: _____ (after 90 days following the date of death, or without autopsy findings, or without the medical certifier's statement within the first 90 days)

Other: _____

b) ITEMS LISTED ABOVE ARE REQUESTED TO BE AMENDED AS FOLLOWS:

Name of Deceased _____
First Middle Last name prior to marriage Last name after marriage

Mother's Name _____
First Middle Last Suffix

Father's Name _____
First Middle Last Suffix

Deceased Marital Status _____ Sex _____

Surviving Spouse: _____

Cause of Death: _____ (after 90 days following the date of death, or without autopsy findings, or without the medical certifier's statement within the first 90 days)

Other: _____

4) Check either A or B:

___ A. A certified copy of the death certificate to be amended is attached to this petition; or,

___ B. A certified copy of the death certificate is not available because (state reasons death certificate is not available): _____

5) Indicate below which evidentiary documents are being submitted for review that support the requested change:

- Certified copy of a Certificate of Birth
- Certified copy of military entry or discharge papers
- Certified copy of a Certificate of Marriage
- Original statement by 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 medical record
- Social security application (micro print)
- Other (specify) _____

Petitioner hereby requests that the Court enter an order directing the Iowa Department of Public Health to amend the death certificate referred to herein as requested in 3(b) above.

I (We) certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Petitioner

(Date)

Petitioner

(Date)