IOWA Health and Human Services

Amendment to Iowa Certificate of Death or Fetal Death

Instructions and General Information

When may this form be used?

- To amend items on records of deaths, except cause of death, occurring one year or more from the date of this death event. For death events under one year old, call the state vital records office at 515-281-4944 and ask for instructions from the death registration program.
- To amend obvious errors or omissions, other than cause of death.
- To amend an item on the record for the first time. Subsequent amendments may only be made with a court order or if the first correction was made in error.

What should the applicant do? Complete Parts 1 and 2 of this form, except for your signature. Sign this form only in front of a notary public. In Iowa, your local County Recorder/County Registrar of Vital Records office (located in your county courthouse or county office building) may assist you in completing this form and provide notary services, **or** visit the state vital records office.

The documentary evidence shall have been established at least five years prior to the date of the application or within seven years of the date of the event.

Include a copy of your current government-issued photo ID.

What are some supporting documents?

- Certified copy of a Certificate of Birth
- Copy of military entry or discharge papers
- Certificate of copy of a Certificate of Marriage
- Original statement by employer of employment
- 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)

***** For cause of death amendments, contact the attending physician or medical examiner listed on the Certificate of Death or Fetal Death.**

Who may apply to amend a death certificate? Application to amend a death or a fetal death certificate may be made by the deceased's next of kin. Amendments to the medical certification of the cause of death may only be made by the attending physician by affidavit (before 1 year), court order (after 1 year), or autopsy results***.

Amendment Processing Fees: The processing fee depends on the type of amendment documents you submit. The number of items you are amending does not change the fee.

Please include the correct fee based on the categories below:

1. **Amendment with a Court Order.** If you submit an amendment form with a court order (for one or more items), the processing fee is $15.
2. **Amendment without a Court Order.** If you submit an amendment form with the required documentary evidence (for one or more items), the processing fee is $15.

3. **Amendment combining both court order and non-court order items.** If you submit an amendment that includes both:
   - one or more court order items, and
   - one or more non-court order items

The processing fee is $30 (two processing fees of $15 each).

An additional $20 fee is required for a certified copy of the amended birth certificate, unless a state certified copy is relinquished for exchange at the time of the amendment request. All fees are payable in U.S. funds by check or money order to the Iowa Department of Health and Human Services.

Timeline. Processing the amendment request should be completed within approximately 4-6 weeks after receipt, unless additional supporting documents are required.

What does the Notary Public do? The applicant must sign this form in front of an authorized Notary Public. The notary completes Part 3 of the form according to the Code of Iowa, and applies a legible signature and seal to this form only. The notary may assist the applicant in selecting and photocopying supporting evidentiary documents to submit to the state vital records office for review. In Iowa, County Registrars of Vital Records (i.e., County Recorders) may forward this form, the supporting documents, and fees in with their mailings to the department.

Where is an amendment request sent? This completed, notarized Amendment to Certificate of Death or Fetal Death form, along with supporting document(s), fees, and any incorrect ***state*** certified copy, if applicable, is submitted to

Iowa HHS
Bureau of Health Statistics
Lucas State Office Bldg., 1st Floor
321 E 12th St., Des Moines, IA 50319-0075

What will the state vital records office do? Your request for an amendment and your supporting document(s) will be verified for accuracy. Processing and filing of your amendment request should be 4-6 weeks after being received by the state office of vital records, unless additional supporting documents are required. After processing, the appropriate correction will be made on the record as authorized by the Code of Iowa and the record will be marked “Amended.” The state vital records office will also notify the County Registrar in the county where the death occurred of the corrections, if appropriate. Fetal deaths are NOT on file at the local county level.

Is more information and assistance available? Additional information, assistance, and amendment forms are available either from local County Recorder/ County Registrar of Vital Records or the state office. Visit the state office in Des Moines or call 515-725-2566.

IOWA Health and Human Services

Bureau of Health Statistics

Amendment to Iowa Certificate of Death or Fetal Death

For State Office Use Only Certificate # _____ Date Completed _____

Applicant: Complete parts 1 and 2 only. Type or print legibly. See instructions on reverse side.

Part 1. This information must be the same as on the original death certificate

First Name	Middle Name	Last Name	Suffix (Jr., Sr., II, III, IV)

Sex	**Date of Death** Month Day Year

Place of Death Street address or facility name	City

County	State	Zip Code

Part 2. The following items are to be amended. Do **not** include items related to cause of death.

Item/Error Description _____ Correction _____
Item/Error Description _____ Correction _____
Item/Error Description _____ Correction _____
Item/Error Description _____ Correction _____
Item/Error Description _____ Correction _____

Part 3. **Affirmation –** Applicant to sign and date in the presence of an authorized notary public.

Applicant's Name	Relationship To Person Named On Record

Mailing Address Street	City	State	Zip Code

Daytime Phone # (Include Area Code & Extension)	**Email Address**

☐ $15.00 processing fee enclosed
☐ $20.00 fee **per** Certificate enclosed # of copies _____
☐ Certified Copy Exchange, incorrect copy enclosed

IOWA Health and Human Services

By signing, you are affirming that the information above is accurate.

Applicant's Signature	Date Signed
Applicant's name as it appears on Photo ID: _____	
State of County of ss	
Signed and affirmed in my presence on this _____ day of _____, _____.	

Notary Public's Signature	My commission expires:	**NOTARY SEAL**

Part 4. To be completed by Bureau of Health Statistics (Abstract of documents and dates of originals)
