

**STATE OF IOWA**  
IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*Bureau of Health Statistics*

For State Office Use Only  
Certificate # \_\_\_\_\_  
SE# \_\_\_\_\_

## AMENDMENT TO CERTIFICATE OF DEATH OR FETAL DEATH

To Correct Typographical Errors on Death Records (other than Cause of Death) One Year or More after the Event

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**

<b>NAME OF DECEASED</b> First	Middle	Last (surname)	Suffix (Jr., Sr., II, III, IV)
<b>SEX</b>	<b>DATE OF DEATH</b> Month Day Year		
<b>PLACE OF DEATH</b> City	County	State	Street Address or Facility Name

**PART 2. THE FOLLOWING ITEMS ARE TO BE AMENDED** (Do not include items related to cause of death)

Must be supported by evidentiary documents. State necessary corrections only.

Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____
Item Description _____	Correction _____

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

<b>APPLICANT'S NAME</b>	<b>RELATIONSHIP TO PERSON NAMED ON RECORD</b>
<b>MAILING ADDRESS</b> Street City State Zip Code	
<b>DAYTIME PHONE#</b> (Include Area Code & Extension)	<input type="checkbox"/> \$15.00 processing fee enclosed <input type="checkbox"/> \$15.00 fee <u>per</u> Certificate enclosed # of copies _____ <input type="checkbox"/> Certified Copy Exchange, incorrect copy enclosed

**Applicant's Signature** By signing, you are affirming that the information above is accurate. **Date Signed**

State of \_\_\_\_\_ County of \_\_\_\_\_ ss

Signed and affirmed in my presence \_\_\_\_\_  
Write name exactly as appears on government-issued photo I.D.

**Notary Public's Signature** **Date Signed**

Notary Address & Expiration

SEAL

**PART 4. TO BE COMPLETED BY STATE BUREAU OF HEALTH STATISTICS** (Abstract of documents and dates of originals)


# 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.

As requested, present certified copies, original statements, or legible photocopies of documents that support each requested correction. Documents must be clearly dated and established at least five years prior to this request. If the registrant is age one to seven years, the document must be at least one year old.

### **INCLUDE A COPY OF YOUR CURRENT GOVERNMENT – ISSUED PHOTO ID.**

## What are some supporting documents?

- Certified copy of a Certificate of Birth
- Certified 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 90 days), court order (after 90 days), or autopsy results\*\*\*.

## What will it cost the applicant?

The fee to process an amendment to a death or a fetal death record is **\$15.00**. An **additional \$15.00 fee** is required for a certified copy of the amended death certificate, unless a **state** certified copy is relinquished to the state vital records office at the time of the amendment request. Fees are payable in U.S. funds by check or money order to the Iowa Department of Health and Human Services.

## 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 the Iowa Department of Health and Human Services, Bureau of Health Statistics, Lucas State Office Building, 1<sup>st</sup> Floor, 321 E. 12<sup>th</sup> Street, Des Moines, Iowa 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 completed within about 15 days 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 515-281-4944 and ask for the amendment clerk.