

## Who Can Apply for a Correction?

- The funeral director named on the death certificate.
- The Informant named on the death certificate.
- The surviving spouse or surviving parent named on the death certificate.
- Medical certifier, if a fetal death certificate.

## How Do I Make a Correction?

- Complete and sign this application. See pages 3 and 4.
  - Section 1 through 4 MUST be completed. See page 2 for instructions.
  - Everyone signing section 5 must sign before a notary public and ATTACH A COPY OF THEIR VALID PHOTO ID(S).**
- The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.
- Submit the appropriate documentation. See page 2.
- Submit the appropriate fees. See fee schedule below.

For Frequently Asked Questions, go to: <https://www.dshs.texas.gov/vs/faq/#correct>.

For more information, go to: <https://www.dshs.texas.gov/vs/requirements.aspx>.

## Where Do I Mail the Application?

**Regular Mailing Instructions** - Estimated processing time is 6-8 weeks.

See <https://www.dshs.texas.gov/vital-statistics/processing-times> for current times.

Please submit your application, supporting documents (if required) and fees to:

**DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.**

**Expedited Service Mailing Instructions** - Estimated processing time is 20-25 business days.

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:

**DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.**

**FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.**

## Fees: How much must I submit?

	Fee Schedule	Fee (\$)	Qty (#)	Total (\$)
<b>Filing Fees:</b>				
<input checked="" type="checkbox"/>	Correction to Death Certificate	\$15.00		= \$15.00
<b>For urgent requests, orders may be EXPEDITED by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756.</b>				
<input type="checkbox"/>	Expedited processing Fee (per application)	\$5.00		=
<b>All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.</b>				
<input type="checkbox"/>	Expedite Overnight Mail (shipping within USA)	\$16.00		=
<input type="checkbox"/>	USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95		=
<b>Death Certificate(s):</b>				
<input type="checkbox"/>	Certified Corrected Death Certificate – 1 <sup>st</sup> Copy	\$20.00	X 1	=
<input type="checkbox"/>	Certified Corrected Death Certificate – Additional Copy(s)	\$3.00		
<b>Grand Total</b>				

**Fees may be combined in one check or money order made payable to DSHS – Vital Statistics**

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.

## What type of correction are you requesting?

A correction to a death record may be filed to complete or correct a record that is incomplete or proved by satisfactory evidence to be inaccurate. The amendment shall be attached to and become a part of the legal record of the death. You must complete pages 3 and 4 of this application and may need to provide a supporting document (See Box#1). If an item has already been amended once, a **court order** is required to amend the same item again.

<b>Box # 1: Document Checklist</b>		
<b>I want to...</b>	<b>You will need <u>one</u> of the supporting documents shown in Box # 2 below</b>	<b>Applicant should be:</b>
<input type="checkbox"/> Correct decedent's name	No documentation required if applicant is the Informant or Funeral Director. If not, 1,2,4,5,6,7, or 8.	Informant, Funeral Director, Surviving Spouse or Surviving Parent
<input type="checkbox"/> Add <b>one</b> "also-known-as" or AKA to the deceased's name that is a similar name	No documentation required if applicant is the Informant or Funeral Director. If not, 9	
<input type="checkbox"/> Correct date of birth and/or age of decedent	No documentation required if applicant is the Informant or Funeral Director; otherwise, 2, 5 or 9.	
<input type="checkbox"/> Correct decedent's sex	No documentation required if applicant is the Informant or Funeral Director; otherwise, 5 or 9.	
Correct birthplace of decedent	No documentation required if applicant is the Informant or Funeral Director; otherwise, 2, 4, 5 or 9.	
Correct social security number of decedent	No documentation required if applicant is the Informant or Funeral Director; otherwise, 3.	
<input type="checkbox"/> Correct decedent's parent's first, middle or last name	No documentation required if applicant is the Informant or Funeral Director; otherwise, 2, 5 or 9.	
<input type="checkbox"/> Correct marital status of decedent	No documentation required if applicant is the Informant; otherwise, 9. If changing status to married, must add name of surviving spouse.	Informant
<input type="checkbox"/> Correct surviving spouse's name	No documentation required to correct misspellings, if applicant is the Informant or Funeral Director; otherwise, 9. If correction is more significant than the spelling, 9.	Informant or Funeral Director
<input type="checkbox"/> Correct informant's information		
<input type="checkbox"/> Correct decedent's residence street address	No documentation required.	
<input type="checkbox"/> Correct method or place of disposition	No documentation required.	Funeral Director
Correct Name and Address of Funeral Facility	For Funeral Home replacement, provide a letter from the Funeral Home on the death certificate; otherwise, 9.	
<input type="checkbox"/> Correct place of death	7 or 8	
<input type="checkbox"/> Correct Medical Information (Date of death and information at or below "Certified" line - items 26-41)	10	Medical Certifier
<input type="checkbox"/> Correct Medical Information - Fetal death certificate	No documentation required.	

### Suggested Supporting Documents:

Documents must be **original certified copies (no photocopies)**, on official letterhead, or with an original certification or seal unless otherwise specified below. Foreign documents, including notaries must have an apostille or legalization, from the Foreign Country where the document was issued. **All supporting documents must match the requested correction(s) exactly.**

<b>Box # 2: Supporting Documents</b>	
1	Funeral home contract or worksheet - Photocopy accepted
2	Baptismal certificate - Must be within first 5 years of birth
3	Social security card of deceased - Photocopy accepted
4	Armed forces discharge papers (form DD 214) - Photocopy accepted
5	Birth certificate of deceased
6	Divorce record (limited use)
7	Medical records
8	Medical Examiner/Justice of the Peace, Police or EMS Reports
9	A certified copy of a court order affecting information shown on the death certificate. Include all pages with judge's signature and seal of the court.
10	Medical amendment filed by the medical certifier



**IMPORTANT:** Photocopies, alterations, strike-through, or write overs in Section 1 through 5 will not be accepted. Please use a new application if you make a mistake.

## Death Certificate Correction Application

Type or Print (please use blue or black ink ONLY)

Remittance No. \_\_\_\_\_

### Section 1: What is Your Name? (Applicant's Information)

Name (First, Middle, Last):	
Address ( <b>Mailing</b> Address, City, State, Zip):	
Email Address:	Telephone # (daytime) (      )      -
Your relationship to Person named on the death certificate: <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Surviving Spouse/Parent <input type="checkbox"/> Medical Certifier (Fetal Death Only) <span style="color: red; font-weight: bold; font-size: 1.2em;">&gt;&gt;&gt;&gt;&gt;&gt; A COPY OF THE APPLICANT'S PHOTO ID MUST BE ATTACHED &lt;&lt;&lt;&lt;&lt;&lt;&lt;</span>	

### Section 2: Death Certificate Information

**Enter information as it appears on the current death certificate (before corrections).**

Death Certificate Number, if known:		142 - -	
Decedent's First Name:	Middle Name:	Last Name:	
Date of Death:			Sex:
Place of Death (City or town)	(County)	(State) TEXAS	
Decedent's Date of Birth:	Decedent's Social Security Number, if known:		

### Section 3: What do you want to correct?

We **cannot** accept whiteout, strike-through, alterations, or write overs.

List items to be added, corrected or removed	What is on the death certificate now?	What should the death certificate say?
<i>Example: Decedent's First Name</i>	<i>Andre</i>	<i>Andres</i>
<i>Example: Date of Birth</i>	<i>August 2, 1955</i>	<i>August 12, 1956</i>

**Section 4: Would you like to request a death certificate?**

Check one:

- No, I would not like a certified copy of the corrected death certificate.
- Yes, I would like a certified copy of the corrected death certificate. Number requested: \_\_\_\_\_

**Please verify fees and quantity ordered in the fee box on Page 1.**

**Section 5: Affidavit**

**Please sign below in the presence of a notary public and ATTACH a copy of your valid Photo ID.**

Applications without acceptable valid ID attached will **not** be processed. Cross-outs or white-outs will **VOID** your application.

**WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).**

<b>Applicant</b>				<b>&gt;&gt;&gt;&gt; ATTACH A COPY OF YOUR VALID PHOTO ID &lt;&lt;&lt;&lt;&lt;</b>			
Printed Name:			Signature:				
Address:		City:		State:		Zip:	
<b>Notary Public, County Clerk, or other person authorized to administer oaths</b>							
Sworn to and subscribed before me, this _____ day of _____ 20____.				<i>[Stamp or Seal]</i>			
Signature:							
Printed name and title:							