

Ohio Department of Health – Office of Vital Statistics
Affidavit to Correct a Death or Fetal Death Certificate

ELIGIBILITY: Only an individual having personal knowledge of the matter sought to be corrected may change the non-medical information as listed on the certificate. Cause of death, medical and health information may only be changed by the certifying physician or the coroner/medical examiner using a "Supplementary Medical Certification" form (HEA 2752). Corrections to marital status will not be accepted using this form. Social security number may only be changed if documentation is provided. Please print in ink or type. Cross-outs, corrective fluid and typos will not be accepted on this form.

APPLICANT: (person requesting the correction)

Name (First, middle, last)						
I represent the Person as: Spouse Parent Guardian Informant Funeral director Other _____						
Address				Phone number ()		
City				State		Zip Code

Original certificate information: Death certificate Fetal death certificate

State file number		Local registrar number	
Name as recorded (First, middle, last)			Sex Female Male
Date of death		City/county of event	
Mother's full name (First, middle, maiden last name)			
Father's full name (First, middle, last)			

Item(s) to be corrected:

Item # / Item name	Information as it appears on original certificate	Correct information

Affidavit of personal knowledge: (this section must be signed before a notary)

State of _____ County of _____

Before me on this date appeared _____

Person[s] executing affidavit

now residing at _____

Street

City

Zip Code

Being duly affirmed say that I/we have personal knowledge that the foregoing facts are true and correct relative to:

Correct spelling of name

Affirmed to and subscribed before me, this _____ day

of _____, 20_____.

Signature: _____

Signature of Notary: _____

Signature: _____

Date Commission expires: _____

**Supporting Affidavits
In the Matter of the Correction of Birth Record of**

State of Ohio, _____ Affidavit of Physician

The undersigned, being first duly sworn, deposes and says that he was the physician in attendance at the birth of

_____ the applicant and that the facts

(Name of applicant at birth)

stated herein are true as he verily believes.

(Attending physician)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, 19 _____.

(Official title)

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavit, relative or non-relative, having personal knowledge of the facts.

State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that ___he is _____ years of age, that ___he has read

the application and that ___he has personal knowledge of the facts stated therein by reason of being

_____ and that the

(State relationship, if any, or state facts showing personal knowledge)

statements made in the application are true as he verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, 19 _____.

(SIGNATURE OF AFFIANT)

(Official title)

State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that ___he is _____ years of age, that ___he has read

the application and that ___he has personal knowledge of the facts stated therein by reason of being

_____ and that the

(State relationship, if any, or state facts showing personal knowledge)

statements made in the application are true as he verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, 19 _____.

(Signature of Affiant)

(Official title)