



## Application for the Correction of an NYC Death Certificate

Visit [nyc.gov/vitalrecords](http://nyc.gov/vitalrecords) for updated processing times, order status and additional information.

(Please print clearly and fill out as much information in English as you can. Forms submitted in other languages will take longer to process. Translations of this form are available online for reference only — please fill out the English form in English.)

### Who Can Apply for a Correction?

To apply for a correction, you must be the decedent's (deceased person's) spouse, registered domestic partner, child, parent, or sibling or an informant listed on the death certificate, court-appointed guardian, fiduciary, estate beneficiary or person in control of the decedent's disposition. You must also be 18 years or older. Please check off your relationship to the decedent at the bottom of Page 4.

### Applicant Information (Print Clearly and Use Black Ink Only):

FIRST NAME	MIDDLE NAME	LAST NAME	
RELATIONSHIP TO THE DECEDENT			
MAILING ADDRESS			APARTMENT NUMBER
CITY		STATE	ZIP CODE
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS	

### Decedent Information Currently on the Death Certificate:

FIRST NAME	MIDDLE NAME	LAST NAME
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Place of death (name of hospital/nursing home/street address): \_\_\_\_\_

Date of death (mm/dd/yyyy): \_\_\_\_\_ Borough of death: \_\_\_\_\_

Death certificate number (if known): 1 5 6 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

What item on the death certificate would you like to correct? (For example, date of birth, social security number, birthplace)	How does the item <u>currently</u> appear on the death certificate?	How should the item appear?
Example: Date of birth	Example: 5/5/1945	Example: 5/25/1945

## Instructions

**Note: If the error was made by the facility or doctor or the funeral home within 12 months of the date of death, you should contact the facility or doctor or the funeral home.**

Use the following chart to determine which documents are needed with your application.

**For all types of corrections, you must include your unexpired photo identification (ID) with your application. For types of ID we accept, see Tables B and C on Page 4.**

Item(s) To Be Corrected	Type of Certified/Original Documentation Applicant Must Submit
Decedent's Legal Name	<ul style="list-style-type: none"> <li>If the error was made by the facility or doctor within 12 months of the date of death, then contact the facility or doctor. They can submit the correction request electronically.</li> <li>If it has been more than 12 months, a letter from the facility or doctor listed on the death certificate is required. The letter must state that they made an error with the name. (Medical records may also be required.)</li> </ul>
Decedent's Usual Residence	Two of the following proofs of address are required: letter from a government agency; utility bill; mortgage statement; rental or lease agreement dated within three months prior to the decedent's date of death.
Service in the U.S. Armed Forces	Discharge paper (DD214), discharge certificate, or original letter from Veterans Affairs (NYC Department of Veterans' Services)
Marital/Partnership Status or Removing/ Adding the Name of the Surviving Spouse	Civil marriage certificate, registered domestic partnership certificate, legal separation document, divorce decree, notification of no divorce on file from the place the decedent was married, or death certificate of spouse if widowed
Name of Surviving Spouse/Partner	Civil marriage certificate, registered domestic partnership certificate, or legal separation document
Date of Birth/Age or Birthplace	Original birth certificate of decedent
Social Security Number	Original Social Security card or Social Security Administration letter showing the decedent's full social security number
Usual Occupation	Employee ID or letter from employer showing the decedent's name and occupation
Kind of Business or Industry	Employee ID, letter from employer, last pay stub(s), last W-2 Form, professional license
Education	Diploma, degree, letter from educational institution
Aliases or AKAs (Also Known As)	Legal court document, marriage certificate, birth certificate or letter from funeral home admitting error
Parents' Information	Decedent's original birth certificate
Informant's Information	<ul style="list-style-type: none"> <li>If removing the informant's information, a court order from Surrogate's Court, New York County, is required.</li> <li>If correcting the informant's information, a government letter or utility bill, mortgage statement or rent/lease agreement, or letter from funeral home admitting the error</li> </ul>
Disposition Information	Original letter from cemetery/crematory on letterhead, or return to the funeral home
Funeral Home Information	Letter from funeral home on letterhead signed by the Funeral Director
Add COVID-19 as the Cause of Death	<p>Complete this application and submit it with a letter from a health care provider who treated the decedent named on the death certificate.</p> <p>The letter must contain: the provider's letterhead, signature, and license number; dates showing when the provider started and stopped treating the decedent; a statement from the provider that the cause of death was related to COVID-19; per FEMA's guidance, the death certificate must indicate the death was caused by, may have been caused by, or was likely a result of COVID-19 or COVID-19-like symptoms — the letter may include similar phrasing; and a statement from the provider that they reviewed the current cause of death on the death certificate.</p> <p>Mail the application, letter, and all required documents to: NYC Department of Health and Mental Hygiene, Attention: FEMA Death Certificate Amendment Request, Corrections Unit, 125 Worth Street, Room 144, CN-4, New York, NY 10013. For more information, email <a href="mailto:correctionsunit2@health.nyc.gov">correctionsunit2@health.nyc.gov</a>, with "FEMA burial assistance" in the subject line.</p>

## Important Information on Required Documents

Please review the information below and include the documents required for your type of relationship to the decedent with your completed application.

<b>Table A.</b> <b>Documents Required To Prove Your Relationship to the Decedent</b>	
I Am:	Documents Required All documents must be originals.
Decedent's spouse or registered domestic partner	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>Original marriage certificate <b>or</b> original registered Domestic Partner Certificate; and</li> <li>A certificate of a "no divorce found" search by County Clerks in <b>both</b> (1) the county where decedent last lived <b>and</b> (2) the county of marriage.</li> </ul> <p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li>The decedent's name on the marriage certificate or Domestic Partner Certificate must match the spelling on the death certificate.</li> <li>The marriage certificate or Domestic Partner Certificate must include the decedent's name, date of birth, and place of birth.</li> <li>The decedent's date of birth on the marriage or Domestic Partner Certificate must match the date of birth on the death certificate.</li> </ul>
Decedent's child	<p><b>Document:</b> Your original birth certificate showing the decedent as your parent.</p> <p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li>The spelling of the deceased parent's name, date of birth, and place of birth on your birth certificate must match the death certificate.</li> <li>If you were born in NYC, you may provide either a copy of the birth certificate <b>or</b> just the certificate number. If you were born outside NYC, you must provide a certified copy of your birth certificate. If you were born outside the U.S., you must provide an apostille (certificate of authentication) with the copy of your birth certificate, along with a certified translation of the birth certificate if the original is not in English.</li> </ul>
Decedent's parent	<p><b>Document:</b> Decedent's original birth certificate.</p> <p><b>Requirements:</b> You must be named as the parent on the decedent's birth certificate with the same spelling that appears on your current ID or on documentation that shows how your name changed, such as a certified marriage certificate, your birth certificate, or a certified name change court order.</p>
Decedent's sibling	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>Your original birth certificate; and</li> <li>Decedent's original birth certificate.</li> </ul> <p><b>Requirements:</b> At least one parent listed on the decedent's birth certificate must be the same parent listed on your birth certificate — the spelling of the parent's name or parents' names must be the same on both the decedent's and your birth certificate.</p>
Guardian appointed pursuant to Surrogate's Court Procedure Act Article 17 or 17-A or Mental Hygiene Law Article 80	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>Certified current guardianship court order.</li> <li>Documentation of the entitled party's relationship to the decedent (for guardians of an entitled party only).</li> </ul> <p><b>Requirements:</b> The person requesting the correction must be the court-appointed guardian of the decedent or of an entitled party. If you are the guardian of an entitled party, you must also provide original documentation for the entitled party's relationship to the decedent (spouse or registered domestic partner, child, parent, or sibling), as described in the rows above.</p>
Any person entitled to share in the decedent's estate per NYS Estates, Powers and Trusts Law § 4-1.1.	<p><b>Document:</b> Certified court order.</p> <p><b>Requirements:</b> You must be named as an estate beneficiary in the certified court order.</p>

A duly appointed fiduciary of the estate of the decedent	<b>Document:</b> Certified court order. <b>Requirements:</b> You must be named as an estate fiduciary in the certified court order.
Person in control of decedent's disposition as provided by NYS Public Health Law § 4201.	<b>Document:</b> Document entitled "Appointment of Agent to Control Disposition of Remains" signed by the decedent, as defined by New York State Public Health Law § 4201. <b>Requirements:</b> Decedent must have completed and signed the document giving you the authority to dispose of their remains after death as explained in New York State Public Health Law § 4201.
Informant listed on death certificate	<b>Document:</b> Your current valid photo ID with name and spelling matching that in the "Informant" field on the decedent's death certificate.

Table B. ID Requirements	
<b>Category 1: Identity Documents</b>	
Provide <b>one</b> of the following identity documents. The document must include your photo and signature and must not be expired. Photocopies are accepted except where noted but must be clear and legible.	
Driver's license or non-driver's ID card	University or college ID with a current transcript
New York State benefit card	Inmate ID with current release papers
U.S. or foreign passport with a signature	Job ID with a current pay stub
IDNYC municipal ID	NYC Access-A-Ride card
U.S. certificate of naturalization (must be the original)	NYC MTA Reduced-Fare MetroCard
Military ID card (must be for the person submitting the request)	

Table C. Proof of Address Requirements	
<b>Category 2: Proof of Address Documents.</b>	
If you do not have any of the Category 1 documents, provide any <b>two</b> of the following documents. The documents must be dated within the last 60 days and show your name and address. For example, you can submit one phone bill from the last 60 days and one letter from a government agency from the last 60 days. The proof of address must be from different entities. Your certificate will be mailed to the address on the documents provided.	
Utility bill	Official government mail addressed to you
Telephone bill	Rent invoice (mortgage or lease letter)
Medical bill	

### Your Relationship to the Decedent

Select the check box showing your relationship to the decedent. See Table A on Page 3 for documents you need to submit to prove this relationship.

- Spouse   
 Registered domestic partner   
 Child   
 Parent  
 Sibling   
 Informant listed on death certificate   
 Surrogate's Court-appointed guardian  
 A duly appointed fiduciary of the estate of the decedent  
 Person in control of decedent's disposition as provided by NYS Public Health Law § 4201  
 Person entitled to share in the decedent's estate per NYS Estates, Powers and Trusts Law § 4-1.1

**Note: Documents are subject to verification. If the information on the documents that are submitted is insufficient or if the information on the documents does not match, then additional documents may be required.**

If your documents are in a language other than English, you must provide an English translation. Consulates outside the U.S. will often translate official documents for you. The NYC Health Department Office of Vital Records accepts translations from established translation services.

### How Much Does It Cost To Correct a Death Certificate?

The NYC Health Department charges a nonrefundable \$40 processing fee to correct most death certificates (see below). Each corrected certificate costs \$15.

Processing fee (nonrefundable):	\$40
Number of corrected death certificates requested:	_____
Multiplied by \$15 for each corrected certificate equals:	\$ _____
<b>Total amount enclosed:</b>	<b>\$ _____</b>

Please make your check or money order payable to: **NYC Department of Health and Mental Hygiene**. Cash is not accepted.

No fee applies in the following instances: the request is submitted by the facility or doctor; the request is submitted by a funeral home, if adding missing/unknown information within 12 months of death; miscarriage or stillbirth certificate changes; or an administrative error by the NYC Health Department.

### How Do I Submit an Application?

- Complete all the information on Page 1 of this application.
- Include original/certified documents, as listed on Page 2 of this application.
- Include a copy of your unexpired photo ID, such as a current driver's license or passport.
- Include a check or money order (\$40 processing fee plus \$15 for each corrected certificate). No cash.
- Sign and date the bottom of this form in black ink only.
- Mail to:

NYC Department of Health and Mental Hygiene  
Corrections Unit  
Attention: Death Certificate Correction  
125 Worth Street, Room 144, CN-4  
New York, NY 10013

### Sign Below

SIGNATURE OF APPLICANT	DATE
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**Warning:** Submitting a false identification is a crime and violators are subject to prosecution. It is a violation of law to make a false, untrue or misleading statement, or forge the signature of another on this application. Violations are a misdemeanor punishable by a fine of up to \$2,000.

For assistance with corrections, call **311** or email [correctionsunit2@health.nyc.gov](mailto:correctionsunit2@health.nyc.gov). All forms should be filled out in English, but translated forms are available online for reference only.