ARIZONA DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO CORRECT OR AMEND A DEATH CERTIFICATE

For Unidentified Human Remains and Public Fiduciary Cases

Please use blue or black ink only and separate the first, middle and last names by using commas.
ANY ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT

DATA	AS THE RECORD READS NOW	CORRECTION/AMENDMENT DESIRED
Decedent's Name (first, middle, last, suffix)		
Date of Death (mm,dd,yyyy)		
Place of Death (city, county)		
Social Security Number		
Date of Birth (mm,dd,yyyy)		
Place of Birth (city, county)		
Marital Status		
Father's Name (first, middle, last)		
Mother's Name (first, middle, last)		
Other Changes (List field name or number) _____		
Other Changes (List field name or number) _____		
Other Changes (List field name or number) _____		
Other Changes (List field name or number) _____		
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Other Changes (List field name or number) _____		

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I attest the corrections/amendments requested above are accurate, true and valid to the best of my knowledge.

Notary Public:

Affiant Signature_____Relationship to Decedent _____

State of_____, County of_____, on this___, day of_____, 20____, before me personally appeared_____(name of affiant), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Signature _____

Expiration Date of Commission _____

Notary Stamp/Seal