STATE OF WEST VIRGINIA
WV DHHR - VITAL REGISTRATION OFFICE

AFFIDAVIT TO CORRECT WEST VIRGINIA DEATH CERTIFICATE

INFORMATION AS IT APPEARS ON THE ORIGINAL DEATH CERTIFICATE:

Name of deceased: _____________________________________________________________
Date of death: _________________________________________________________________
City & County of death: City: __________ County: __________
Informant on certificate ________________________________________________________

ITEMS TO BE CORRECTED OR ADDED:

_________________________ Should read ________________________________
_________________________ Should read ________________________________
_________________________ Should read ________________________________
_________________________ Should read ________________________________
_________________________ Should read ________________________________

THE FOLLOWING AFFIDAVIT IS TO BE SIGNED BY THE PERSON WHO IS REQUESTING THAT THE DEATH CERTIFICATE BE AMENDED:

I, __________________________, as informant or spouse or funeral director or physician
(Name - please print) (Circle One) and residing or practicing at ________________________________.
(Address)

being first duly sworn say that, to the best of my knowledge, the foregoing facts are true and correct.

Signature: _________________________________________________________________
Date Signed: _______________________________________________________________

Signature of NOTARY PUBLIC: ________________________________________________
Commission expires: __________________________________________________________

Submit to:
ATTN: Corrections Unit
Vital Registration Office
PO Box 11012
Charleston, WV 25339-1012

Notary Stamp or Seal

Revised 04.15.2005