

**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 \_\_\_\_\_

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ITEMS TO BE CORRECTED OR ADDED:

\_\_\_\_\_ Should read \_\_\_\_\_

\_\_\_\_\_ Should read \_\_\_\_\_

\_\_\_\_\_ Should read \_\_\_\_\_

\_\_\_\_\_ Should read \_\_\_\_\_

\_\_\_\_\_ Should read \_\_\_\_\_

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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)

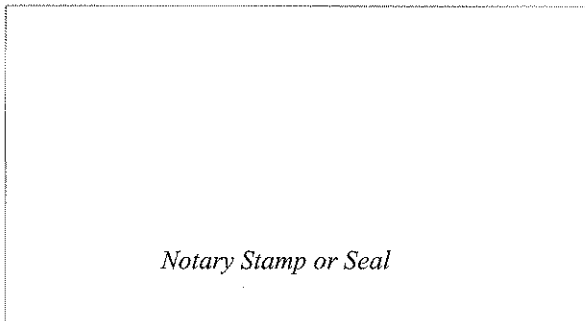
being first duly sworn say that, to the best of my knowledge, the foregoing facts are true and correct.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature of NOTARY PUBLIC: \_\_\_\_\_

Commission expires: \_\_\_\_\_



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