

FIRST NAME

Application for the Correction of a NYC Death Certificate

LAST NAME

Visit 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, child, parent, sibling, grandchild, informant listed on the death certificate, or an entitled party. You must also be 18 years or older. If you are not listed on the death certificate as the informant, the NYC Department of Health and Mental Hygiene (the Health Department) will notify the informant of the request to amend the certificate.

Applicant information (print clearly and use blue or black ink only):

MIDDLE NAME

RELATIONSHIP TO THE DECEDENT							
MAILING ADDRESS						APARTMENT NUMBER	
CITY				STATE	ZIP CO	DE	
PRIMARY PHONE NUMBER	ALTERI	NATE PHONE NUMBER	EMAIL ADDRE	DDRESS			
Decedent information curre	ntly o	n the death certificate:					
FIRST NAME	MIDDLE NAME		LAST NAME				
Place of death (name of hospit	tal/nurs	sing home/street address	s):				
Date of death (mm/dd/yyyy): _		Вс	rough of de	eath:			
Death certificate number (if kno	own):	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			
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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.

Item(s) To Be Corrected	Type of Certified/Original Documentation Applicant Must Submit
Decedent's Legal Name	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.
	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.)
Decedent's Usual Residence	Two (2) proofs of address are required: letter from a government agency; utility bill; mortgage statement; rental or lease agreement dated within three (3) 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
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	If removing the informant's information, a court order from Surrogate's Court, New York County, is required.
	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
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	Complete this application and submit it with a letter from a health care provider who treated the decedent named on the death certificate.
	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.
	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 correctionsunit2@health.nyc.gov, with "FEMA burial assistance" in the subject line.

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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:		
Total amount enclosed:	\$	

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 blue or 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

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 <u>correctionsunit2@health.nyc.gov</u>. All forms should be filled out in English, but translated forms are available online for reference only.

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