

**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
<b>Decedent's Name (first, middle, last, suffix)</b>		
<b>Date of Death (mm,dd,yyyy)</b>		
<b>Place of Death (city, county)</b>		
<b>Social Security Number</b>		
<b>Date of Birth (mm,dd,yyyy)</b>		
<b>Place of Birth (city, county)</b>		
<b>Marital Status</b>		
<b>Father's Name (first, middle, last)</b>		
<b>Mother's Name (first, middle, last)</b>		
<b>Other Changes (List field name or number)</b> _____		
<b>Other Changes (List field name or number)</b> _____		
<b>Other Changes (List field name or number)</b> _____		
<b>Other Changes (List field name or number)</b> _____		
<b>Other Changes (List field name or number)</b> _____		
<b>Other Changes (List field name or number)</b> _____		

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Other Changes (List field name or number)		
Other Changes (List field name or number)		

The undersigned, declares upon oath that to the best of my knowledge and belief such changes and additions as shown on this affidavit are necessary to make this vital record correct.

**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**