

**Pennsylvania Department of Health  
Division of Vital Records**

A Death Correction Statement is used to amend most errors which may appear on a Pennsylvania death certificate. The Division of Vital Records reserves the right to reject or accept any correction. Deaths that have occurred more than two years ago may require documentation and notarization. Please complete this form and return to: Division of Vital Records, PO Box 1528, New Castle, PA 16103.

The Certificate of Death of \_\_\_\_\_  
(First) (Middle) (Last)

whose death occurred in \_\_\_\_\_  
(City, Borough, Township) (County)

on \_\_\_\_\_ contains certain errors  
(Month) (Day) (Year)

which should be corrected as follows:

ORIGINAL RECORD NOW READS	CORRECTION DESIRED	
Name Of Deceased		
Date of Birth and/or Age		
Place of Death-County, City, Boro, Twp. Only		
Deceased's Mailing Address		
Marital Status (Include Name of Surviving Spouse, if applicable)		
Social Security Number		
Actual Residence-State, County, or City, Boro, Twp.		
Other Error (Designate Item Number)		
Other Error (Designate Item Number)		
Signature of Informant or Funeral Director Who Signed Original Certificate	Address	Date Signed

**INSTRUCTIONS TO CORRECT DEATH CERTIFICATES**

28 Pa. Code § 1.36 requires this form be signed by either the funeral director who signed the original death certificate or informant listed WITH THE FOLLOWING EXCEPTIONS:

**ITEMS TO BE CORRECTED:**

*IF* informant's name; date, method, place, or location of disposition; name, address, or license number of funeral service facility; time of death; date pronounced dead; was an autopsy performed; were autopsy findings available prior to completion of cause of death; license number and date signed by certifying physician or pronouncer; name, address, and capacity of person who completed the cause of death, **then death correction statement must be signed by funeral director who signed original certificate.**

*IF* marital status and/or surviving spouse, **then death correction statement must be signed by funeral director or informant with exception of a change involving a common-law marriage, which requires the signatures of funeral director and informant.**

*IF* change of funeral director, **then death correction statement must be signed by both funeral directors involved and the informant.**

**ITEMS WHICH CANNOT BE CORRECTED WITH THIS FORM:**

*IF* immediate cause of death or other significant conditions; signature and title of certifier, **then replacement death certificate is required.**

*IF* date of death; facility name; manner of death; information pertaining to injury; signature and title of pronouncer, **then replacement death certificate is required unless the certifier or medical examiner/coroner who signed the original certificate submits a written statement on his/her letterhead stating the necessary correction.**