

Nebraska Department of Health and Human Services
Application for Amendment of Death Certificate

See instructions and list of suggested evidence on reverse side. (Please enclose a photocopy of applicant's current photo identification when submitting this form.)

State of _____)

County of _____)

1. Please list information as it currently appears on the death certificate you want to amend:

Name of deceased: _____

Place of death: _____ Date of death: _____

2. List items to be corrected:

Table with 3 columns: Item No., As Now Listed on Record, Correct Information. Contains 5 rows of blank lines for entry.

3. I hereby swear that the information listed above is true and correct to the best of my knowledge.

Signature: _____
(NEXT OF KIN OR FUNERAL DIRECTOR)

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____

Notary Signature

4. Fees Required (Please make checks payable to Vital Records). Only exact amount will be accepted.

\$16.00 to correct the record..... = \$16.00
Number of certified copies of amended record _____ x \$16.00 each..... = _____
Total Enclosed..... = _____

PLEASE ENCLOSE STAMPED, SELF-ADDRESSED, BUSINESS-SIZE ENVELOPE.

FOR VITAL RECORDS USE ONLY.

Evidence Accepted: _____ Code: _____

1. _____ 2. _____

3. _____ 4. _____

Date Amended _____

By Whom Amended _____

INSTRUCTIONS

This application **MUST** be signed in the presence of a notary public.

Corrections made during the first year require one item of documentary evidence. Corrections made more than one year after death require two or more items of documentary evidence.

The documentary evidence must have been established five years prior to application or within seven years of date of death. Only original documents or certified copies of the originals are acceptable. Affidavits of Personal Recollection are not acceptable.

THE EVIDENCE SUBMITTED MUST LIST THE INFORMATION EXACTLY AS IT IS TO BE SHOWN ON THE DEATH CERTIFICATE AND RELATE TO INFORMATION SHOWN ON RECORD.

MEDICAL CERTIFICATION PORTION MAY BE CORRECTED ONLY BY PERSON SIGNING DEATH CERTIFICATE.

<u>Suggested document which may be submitted:</u>	<u>Where to obtain:</u>
Baptismal Record	Church where baptized
Federal Census Record.....	Bureau of Census P. O. Box 1545 Jeffersonville, IN 47131
Insurance Policy Application.....	Insurance company
School Census Record.....	County Superintendent of Schools in county where attended
Birth Certificate	Vital Statistics Office of state where born
Application for Original Social Security Number	Local Social Security Office
Voter Registration	Election Commissioner or County Clerk
Military Service Record.....	Appropriate branch of service

Social security card may be used to correct social security number ONLY.

The documentary evidence, application, and fees should be sent to:

**Vital Records Office
P.O. Box 95065
Lincoln, NE 68509-5065**

For assistance or more information, feel free to call our office at (402) 471-0912.