



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division Of Vital Records

925 East Ridgely Ave.

Springfield, IL 62702-2737

APPLICATION FOR CORRECTION OF A DEATH CERTIFICATE

Death certificate corrections are \$15 and include one certified copy of the revised death record. Additional certified copies of the same record ordered at the same time are \$2 each. Make check or money order payable to Illinois Department of Public Health or IDPH. Please print or type information clearly.

Decedent's name as presently listed on record _____

Place of death _____ Date of death _____
(facility, city and county) (month, day and year)

State file number _____
(if known)

I REQUEST THE FOLLOWING CORRECTION(S) TO THE ABOVE DEATH RECORD:

_____ should read _____
(incorrect information) (correct information)
_____ should read _____
(incorrect information) (correct information)
_____ should read _____
(incorrect information) (correct information)
_____ should read _____
(incorrect information) (correct information)

ADDITIONAL COMMENTS

Name _____ Relationship to decedent _____
(of person making this request)

Address _____ Date _____
(street, apartment and floor)

(city, state and ZIP code)

Written signature _____
(of the person making the request)