DEATH CERTIFICATE CORRECTION EVIDENCE CHART

(NRS 440.155, NAC 440.023, NAC 440.026, NAC 440.030, NAC 440.035, NAC 440.190)

- *Other Verifiable Evidence Accepted* is a document from an independent source containing information that supports/proves the request to correct the death certificate.
- Funeral home vital/personal information sheet will only be accepted if attached to the record PRIOR to registration.
- *Supplemental Affidavit,* ***if accepted****,* must be submitted by an individual, other than the person who executed *the Affidavit for Corrections of a Record,* with personal knowledge of the item being amended. This personal knowledge is gained through firsthand experience or observation, through a personal, familial, medical, or a professional relationship with the person of the record being amended.
- Other documentation, not listed below, may be considered as *Other Verifiable Evidence*; however, **ALL** documents are subject to approval by the Office of Vital Records.
- Documentation showing cross-outs, white-outs, or alterations of any kind will not be accepted as *Other Verifiable Evidence*.

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Deceased Name (First, Middle, Last, Suffix) Deceased Listed on the Death Certificate	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Funeral home vitals/personal information worksheet signed by the informant and a photo identification of the decedent • Birth Certificate	No
Date of Death Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
County of Death	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
City, Town, or Location of Death	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Hospital or Other Institution-Name (if not either, give street)	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
If Hospital, or Institution indicate DOA, OP/Emer. Rm., Inpatient (Specify)	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Sex	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report • Funeral home vitals/personal information worksheet signed by the informant • Birth Certificate • Letter from a Healthcare professional dated PRIOR to the date of death • Photo identification issued by Federal/State/County agency with sex/gender listed	Yes
Race (Specify)	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant • Medical Record or Coroner/Medical Examiner Report	Yes

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Ethnicity	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant • Medical Record or Coroner/Medical Examiner Report	Yes
Under 1 year (Mos/Days)	• *Affidavit for Correction of a Record*	• Birth Certificate • Medical Record or Coroner/Medical Examiner Report	No
Under 1 Day (Hours/Mins)	• *Affidavit for Correction of a Record*	• Birth Certificate • Medical Record or Coroner/Medical Examiner Report	No
Date of Birth (Mo/Day/Yr)	• *Affidavit for Correction of a Record*	• Birth Certificate • Certificate of Naturalization • Funeral home vitals/personal information worksheet signed by the informant	No
State of Birth (If not the US/CA, name country)	• *Affidavit for Correction of a Record*	• Birth Certificate • Certificate of Naturalization • Funeral home vitals/personal information worksheet signed by the informant	No
Citizen of What Country	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant • Birth Certificate • Certificate of Naturalization	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Education	• *Affidavit for Correction of a Record*	• Diploma • Transcripts • Funeral home vitals/personal information worksheet signed by the informant	Yes
Marital Status (Specify)	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when the informant attests to an error	• Marriage License	Yes
Surviving Spouse's Name (Last name prior to first marriage)	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Funeral home vitals/personal information worksheet signed by the informant and a photo identification of the decedent • Birth certificate of surviving spouse • Surviving spouse hospital birth records • Surviving spouse's child's birth certificate showing the last name prior to FIRST marriage	No
Social Security Number	• *Affidavit for Correction of a Record*	• Social security card/documents • Funeral home vitals/personal information worksheet signed by the informant	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Usual Occupation (Give kind of work done during most of)	• *Affidavit for Correction of a Record*	• Personnel documentation from employer	Yes
Kind of Business or Industry	• *Affidavit for Correction of a Record*	• Personnel documentation from employer • W-2 • Paystub	Yes
Ever in US Armed Forces	• *Affidavit for Correction of a Record*	• Military enrollment/discharge documents • Military Identification Card	No
Residence: • **State**	• *Affidavit for Correction of a Record*	• Utility Bill or Financial Statement supporting residency at time of death, listing decedent	No
• **County**	• *Affidavit for Correction of a Record*	• Utility Bill or Financial Statement supporting residency at time of death, listing decedent	No
• **City, Town, or Location**	• *Affidavit for Correction of a Record*	• Utility Bill or Financial Statement supporting residency at time of death, listing decedent	No
• **Street and Number**	• *Affidavit for Correction of a Record*	• Utility Bill or Financial Statement supporting residency at time of death, listing decedent	No
• **Inside City Limits**	• *Affidavit for Correction of a Record*	• Utility Bill or Financial Statement supporting residency at time of death, listing decedent	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Father/Parent Name (First, Middle, Last, Suffix)	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Funeral home vitals/personal information worksheet signed by the informant • Birth certificate of decedent listing the father	No
Mother/Parent Name (First, Middle, Last, Suffix)	• Court Order	• Certified Court Order	No
	• *Affidavit for Correction of a Record* accepted **only** when an error can be proven	• Funeral home vitals/personal information worksheet signed by the informant • Birth certificate of decedent listing the mother	No
Informant	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant and their photo identification	Yes
Mailing Address • **Street** • **R.F.D No** • **City or Town** • **State** • **Zip**	• *Affidavit for Correction of a Record*	• Utility Bill • Photo Identification issued by Federal/State/County agency	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Burial, Cremation, Removal, Other (Specify)	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant • Release/Burial Authorization form	No
Cemetery or Crematory Name	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant • Release/Burial Authorization form	No
Location • **City or Town** • **State**	• *Affidavit for Correction of a Record*	• Funeral home vitals/personal information worksheet signed by the informant • Release/Burial Authorization form	No
Funeral Director Signature (Or Person Acting as Such)	• *Affidavit for Correction of a Record*	• Funeral Director License	No
Funeral Director License Number	• *Affidavit for Correction of a Record*	• Funeral Director License	No
Name and Address of Facility	• *Affidavit for Correction of a Record*	• Funeral Director License	No
Trade Call - Name and Address	• *Affidavit for Correction of a Record*	• Funeral home release documents	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Certifier	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report showing attendance at time of death	No
Date Affidavit was Signed	• *Affidavit for Correction of a Record*	• Does not change	N/A
Hour of Death Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Name of Attending Physician if other than Certifier	• *Affidavit for Correction of a Record*	• Medical Record showing attendance at time of death	No
Pronounced Death (Mo/Day/Yr) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Pronounced Dead At (Hour) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Name and Address of Certifier (Physician, Attending Physician, Medical Examiner, or Coroner)	• *Affidavit for Correction of a Record*	Copy of Medical License	No
License Number	• *Affidavit for Correction of a Record*	• Copy of Medical License	No
Death Due to Communicable Disease Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Cause of Death **Immediate Cause (a)** Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Due to, or as Consequence of (b-d) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Interval between onset and death (a-d) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Other Significant Conditions Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Medical Record or Coroner/Medical Examiner Report	No
Autopsy	• *Affidavit for Correction of a Record*	• Autopsy Report	No
Was Case Referred to Coroner	• *Affidavit for Correction of a Record* •	• Coroner/Medical Examiner Report • Sheriff's Report	No
Manner of Death: Acc, Suicide, Home, Undet, or Pending Investigation Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No
Date of Injury (Mo/Day/Yr) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No
Hour of Injury Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
Describe How Injury Occurred Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No
Describe How Injury Occurred Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No
Injury at Work (Specify) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No
Place of Injury (At home, farm, street, factory, office building, etc.) Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No
Location • **Street** • **R.F.D No** • **City or Town** • **State** Medical Information Certifier Only	• *Affidavit for Correction of a Record*	• Coroner/Medical Examiner Report • Sheriff's Report	No

Field on Death Certificate	Affidavit Or Court Order	Other Verifiable Evidence Accepted	Supplemental Affidavit Accepted?
AKA **(Also Known As)**	• *Affidavit for Correction of a Record*	• Photo Identification issued by Federal/State/County Agency	No

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