



APPLICATION FOR A CORRECTION OF A DEATH RECORD

Complete all Sections and Boxes to ensure accuracy.

Applicant's Information (Corrected Certificate Will Be Mailed To This Address)				
Applicant's First Name		Applicant's Last Name		Applicant's Telephone Number
Applicant's Street Address			City	State ZIP
Applicant's Relationship to Person of Record		Applicant's Email Address		Reason for Correction
If A Funeral Home is Submitting Correction				
Funeral Home Name		Funeral Home Director's Name		Rep Submitting Correction Packet
Type of Certificate (Select All That Applies)				
<input type="radio"/> Death Certificate Correction				<input type="radio"/> Fetal Death Correction
Fee Information \$45.00 per Person of Record and includes the correction and one certified copy. Additional copies of death certificates where the death occurred in Clark, Carson, Douglas, Lyon, Mineral and Washoe counties are \$25.00 each. Additional death certificates where the death occurred in all other counties are \$22.00 each. We accept checks, money orders, or cashier checks. Please do NOT send cash. Please make payable to the Office of Vital Records.				
<ul style="list-style-type: none">The Affidavit for Correction of a Record form must be filled out completely. This includes the "Why are the Corrections Necessary?" section.				
Current Information on the Person of Record (This information is used to locate the Person on the Certificate's record)				
Person of Record's First Name		Person of Record's Middle Name		Person of Record's Last Name
Date of Death		Person of Record's County of Death		Person of Record's State and Date of Birth
Informant's First Name		Informant's Last Name		Informant's Address
FOR OFFICE USE ONLY				
Receipt Number			Date	



AFFIDAVIT FOR CORRECTION OF A RECORD

State Affidavit
No. (For Office
Use Only)

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	Person of Record's First Name		Person of Record's Middle Name	Person of Record's Last Name
	Sex	Date of Death		Place of Occurrence (City or County)
	Name of Parent 1/Mother (Last Name Prior to First Marriage)		Name of Parent 2/Father (Last Name Prior to First Marriage)	
STATEMENT OF CORRECTIONS	ITEM/BOX NUMBER	FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
WHY ARE CORRECTIONS NECESSARY?				

I, _____ (print full legal name), currently residing at _____
_____ (print Street, City, State & ZIP), in relation to the person of record being amended, (print relationship)
_____ certify and declare under penalty of perjury under the laws of the State of Nevada, that all assertions of this
affidavit are true and correct to the best of my knowledge

Witness Signature Signed in the Presence of a Notary

State of _____
County of _____

Signed and sworn (or affirmed) before me on this _____ day of _____ 20 _____.

By _____
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within this instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public Name: _____

WITNESS my hand and official seal

My Commission Expires: _____

Reserved for Notary Seal

Signature of Notary Public



SUPPLEMENTAL AFFIDAVIT

This must be completed by someone with personal knowledge of the requested correction(s). Describe "HOW" you obtained the personal knowledge. **The person signing the affidavit CANNOT be the same person signing the Affidavit for Correction of a Record.**

NAME AND RELATIONSHIP OF INDIVIDUAL COMPLETING THE SUPPLEMENTAL AFFIDAVIT	First Name	Middle Name	Last Name		
	Physical Address		City	State	ZIP
	Email Address			Telephone Number	
	Relationship to Person of Record		Person of Record		

I, _____ (print name), certify and declare under penalty of perjury under the laws of the State of Nevada, that I have personal knowledge to attest to the information provided in the primary affidavit for _____ (person of record). I swear that all of the assertion of this affidavit, including my identity, are true and accurate.

My relationship to the person of record is _____ (state relationship to the person of record) and I have this personal knowledge through the following course of events:

Witness Signature Signed in the Presence of a Notary

State of _____

County of _____

Signed and sworn (or affirmed) before me on this _____ day of _____ 20 _____.

By _____
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within this instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public Name: _____

WITNESS my hand and official seal

My Commission Expires: _____

(Reserved for Notary Seal)

Signature of Notary Public