

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Vital Records
925 East Ridley Avenue
Springfield, IL 62702-5097

Name on Record AFTER Change: Last, First, Middle Name

MINOR CORRECTION OF A DEATH CERTIFICATE

Please include a copy of current photo identification of person requesting the correction.
Please print clearly.

DEATH CERTIFICATE INFORMATION:

Decedent's Name as Presently Listed on Certificate

Place of Death (Facility, City & County)

Date of Death

State File Number

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

(Incorrect Information Currently on Certificate)

(Correct Information)

(Incorrect Information Currently on Certificate)

(Correct Information)

(Incorrect Information Currently on Certificate)

(Correct Information)

(Incorrect Information Currently on Certificate)

(Correct Information)

REQUESTOR INFORMATION:

Name (Person Making the Request)

Relationship to Decedent

Address

Date

Written Signature (Person Making the Request)

Office Making Correction. Date of Correction.