

Attachment 33:
DOH-299 Application for Correction of Certificate
of Death.pdf

New York State, Department of Health
Electronic Death Registration System
FAU 1002191052

Application for Correction of Certificate of Death

See Reverse Side for Instructions

Deceased	District Number
Date of Death	Register Number
Place of Death	State Number

I, _____ of _____
 (name of applicant)

_____ (address of applicant)

request that the following information amend the certificate of death identified above:

ITEM IN ERROR (or omitted)	AS IT APPEARS	AS IT SHOULD BE

Documentary evidence submitted herewith in support of this application includes:

Explain reason for error or omission:

TO BE COMPLETED BY THE APPLICANT

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

Signature of Applicant
Relationship to Deceased
Date

TO BE COMPLETED BY REGISTRAR OF VITAL STATISTICS

The above information has been added to the local record of death on file in this office.

Signature of Registrar
District Number
Date

