

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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

**MINOR CORRECTION OF A DEATH CERTIFICATE**

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

**DEATH CERTIFICATE INFORMATION**

Decedent's name as presently listed on certificate \_\_\_\_\_

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

State file number \_\_\_\_\_

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

\_\_\_\_\_ should read \_\_\_\_\_  
(incorrect information currently on certificate) (correct information)

\_\_\_\_\_ should read \_\_\_\_\_  
(incorrect information currently on certificate) (correct information)

\_\_\_\_\_ should read \_\_\_\_\_  
(incorrect information currently on certificate) (correct information)

\_\_\_\_\_ should read \_\_\_\_\_  
(incorrect information currently on certificate) (correct information)

**REQUESTOR INFORMATION**

Name \_\_\_\_\_ Relationship to decedent \_\_\_\_\_  
(of person making the request)

Address \_\_\_\_\_ Date \_\_\_\_\_  
(street, apartment and floor)

\_\_\_\_\_  
(city, state and ZIP code)

Written signature \_\_\_\_\_  
(of the person making the request)

(Name on record **AFTER** change: Last, First, Middle)

(Office making correction) (Date of correction)