Ohio Department of Health – Office of Vital Statistics

Affidavit to Correct a Death or Fetal Death Certificate

ELIGIBILITY: Only an individual having personal knowledge of the matter sought to be corrected may change the non-medical information as listed on the certificate. Cause of death, medical and health information may only be changed by the certifying physician or the coroner/medical examiner using a “Supplementary Medical Certification” form (HEA 2752). Corrections to marital status will not be accepted using this form. Social security number may only be changed if documentation is provided. Please print in ink or type. Cross-outs, corrective fluid and typos will not be accepted on this form.

APPLICANT: (person requesting the correction)

Name (First, middle, last)

I represent the Person as: Spouse  Parent  Guardian  Informant  Funeral director  Other

Address

City

Phone number

State

Zip Code

Original certificate information:  Death certificate  Fetal death certificate

State file number

Local registrar number

Name as recorded (First, middle, last)

Date of death

City/county of event

Mother’s full name (First, middle, maiden last name)

Father’s full name (First, middle, last)

Item(s) to be corrected:

<table>
<thead>
<tr>
<th>Item # / Item name</th>
<th>Information as it appears on original certificate</th>
<th>Correct Information</th>
</tr>
</thead>
</table>

Affidavit of personal knowledge: (this section must be signed before a notary)

State of ____________________________ County of ____________________________

Before me on this date appeared ____________________________________________

Person[s] executing affidavit

now residing at ____________________________ Street ____________________________ City ____________________________ Zip Code ____________________________

Being duly affirmed say that I/we have personal knowledge that the foregoing facts are true and correct relative to:

Correct spelling of name

Affirmed to and subscribed before me, this ______ day of ____________________________, 20 _____.

Signature: ____________________________

Signature of Notary: ____________________________

Date Commission expires: ____________________________

HEA 2726 (Rev. 1/15)  OAC 3701-5-02  Appendix M
Supporting Affidavits
In the Matter of the Correction of Birth Record of

State of Ohio, ____________________________  Affidavit of Physician
The undersigned, being first duly sworn, deposes and says that he was the physician in attendance at the birth of

(Name of applicant at birth)

stated herein are true as he verily believes.

(Attending physician)

(Address)

Sworn to before me and signed in my presence by the said ____________________________

this __________ day of __________, 19 __________

(Official title)

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by
the following affidavit, relative or non-relative, having personal knowledge of the facts.

State of Ohio, ____________________________  Affidavit
The undersigned, being first duly sworn, deposes and says that he is ______ years of age, that he has read

the application and that he has personal knowledge of the facts stated therein by reason of being

(State relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are true as he verily believes.

(Signature of Affiant)

(Official title)

Sworn to before me and signed in my presence by the said ____________________________

this __________ day of __________, 19 __________

(SIGNATURE OF AFFIANT)

(State relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are true as he verily believes.

(Signature of Affiant)

(Official title)

State of Ohio, ____________________________  Affidavit
The undersigned, being first duly sworn, deposes and says that he is ______ years of age, that he has read

the application and that he has personal knowledge of the facts stated therein by reason of being

(State relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are true as he verily believes.

(Signature of Affiant)

(Official title)

Sworn to before me and signed in my presence by the said ____________________________

this __________ day of __________, 19 __________

(Signature of Affiant)

(Official title)