

REQUEST FOR CORRECTION OF ERROR ON A DEATH CERTIFICATE

Oklahoma Statutes 63 §1-321 g. "If within one (1) year of the initial issuance of a certificate of death, a funeral director, or a person acting as such, requests a correction to any portion of the death record except the information relating to the medical certification portion, due to a scrivener's error, misspelling or other correction of information, the Commissioner of Health, through the State Registrar of Vital Statistics, shall amend the record, provided said request is made in writing or through an electronic system and is accompanied by documentation disclosing the correct information or by a sworn statement of the funeral director. The funeral director, or person acting as such, shall be responsible for any and all amendment fees that may be imposed by the Commissioner of Health for said correction. Up to ten certified copies containing the erroneous original information may be exchanged for certified copies containing the corrected information at no additional cost." Effective date: July 1, 2025

Name of Decedent:			
Death Certificate Number:			
Date of Death:			
Items to be corrected	Correct information	Source Document*	
1. e.g. Resident City	<u>Enid</u>	<u>Driver License</u>	
2			
3			
4			
5			
I, the undersigned, hereby swear that record above be amended to reflect the		n above to be correct and request that the de	ath
Signature of Funeral Director:		Date:	
Name of Funeral Director (printed):			
Name of Funeral Home:			
Address of Funeral Home:			
Phone number:			
*Please attach a copy of the source do	ocument(s) to this request alor	ng with a check for the amendment fee (\$20)	and

up to 10 certified copies of the death certificate previously issued as specified in law to be exchanged for certified

copies of the amended record. V1 10/10/19