External Amendment and Correction Requirements and Process Guide

Arizona Department of Health Services – Bureau of Vital Records

Rev. 12.2025

Table of Contents

Definitions

Affidavit – a document that is signed by an individual:

a. Who attest to the validity of the facts on the document, and;
b. Whose signature is notarized.

Amendment – to make a change, other than a correction, to a registered certificate by adding, deleting, or substituting information on the certificate.

Correction – a change made to a registered certificate because of a typographical error including misspelling and missing or transposed letters or numbers.

Death Registration Worksheet – a document used to collect the demographic and medical information on a decedent. This includes signature confirmation and date from the informant and funeral director. The death registration worksheet is a form available from the BVR office.

Evidentiary Document – written information used to prove the fact for which it is presented.
Note: If the evidentiary document is submitted in a foreign language, the evidentiary document must be accompanied by an English translation of the evidentiary document and a written statement signed by the translator, attesting that the translator is competent to translate the evidentiary document and that the translation is an accurate and complete translation of the document

Medical Certifier – a health care provider, medical examiner, or tribal law enforcement authority authorized to sign a medical certification of death as prescribed in A.R.S. § 36-325.

Person – as defined in A.R.S. § 1-215, includes a corporation, company, partnership, firm, governmental agency, association or society, as well as a natural person.

Submit – to present, physically or electronically, a certificate, evidentiary document or form provided for in this chapter to a local registrar, a deputy local registrar or the state registrar.

For more information please reference Arizona Revised Statue §36-301

Funeral Home Amendments

A Person (including funeral home directors) requesting the amendment of any information in a deceased registrant's registered death/fetal death record except for the information submitted by the medical certifier, shall submit to the BVR or County Vital Records office where the death occurred:

1. A written request (letter or death application) to amend. *(Applying through the D.A.V.E. portal fulfills this requirement)*
2. An affidavit – can be found at click here.
3. An evidentiary document that demonstrates the validity of the submitted amendment
4. The fee for the amendment
5. A valid, government-issued (When requesting a certified copy of the death certificate, a valid government-issued picture identification must be submitted. If the Funeral Home Director's identification (ID) is on file with the County Vital Records office where the request is submitted, then another copy of the Funeral Home Director's identification is not required.)

For more information please reference Arizona Administrative Code R9-19-310

Note: The Funeral Home Director requesting the amendment to the death record shall complete and sign the Affidavit in the presence of a notary.

- If the Funeral Home Director is submitting the amendment on behalf of the Informant listed on the death record, the Funeral Home Director shall have the informant sign the acknowledgment/authorization document to confirm agreement with the amendment and upload the document with the affidavit in DAVE along with the evidentiary documents required by rule.

Examples of Evidentiary Documents – Funeral Homes

To amend the decedent's name, date of birth or place of birth a document such as an original, certified copy of a birth certificate that supports the change requested.

To amend the decedent's social security number, a document such as an original social security card or other official document from Social Security Administration, income tax records or W-2 forms that support the change requested.

To amend the decedent's parent or parent's name(s), a document such as an original, certified birth certificate of the decedent or certified copy of the parent's birth certificates shall be submitted.

To amend the decedent's marital status, an original, certified marriage certificate or certified divorce decree is required.

To amend the spouse's name – the document required depends on the scenario

- To add a spouse to a death certificate, an original, certified marriage certificate shall be provided.
- To remove a spouse's name from a death certificate, a divorce decree or other proof from the county's marriage and licensing department is required.

To amend the decedent's residence address, a document such as an original, current utility bill or lease agreement.

To amend the method of disposition, a document such as an original, funeral home contract.

Medical Certifier Amendments

A medical certifier who completed the medical certification of death for the deceased registrant, who is requesting the amendment of medical certification information as specified inR9-19-302(A)(3) or (4) in a deceased registrant's registered death record, shall submit to the BVR or County Vital Records Office where the death occurred:

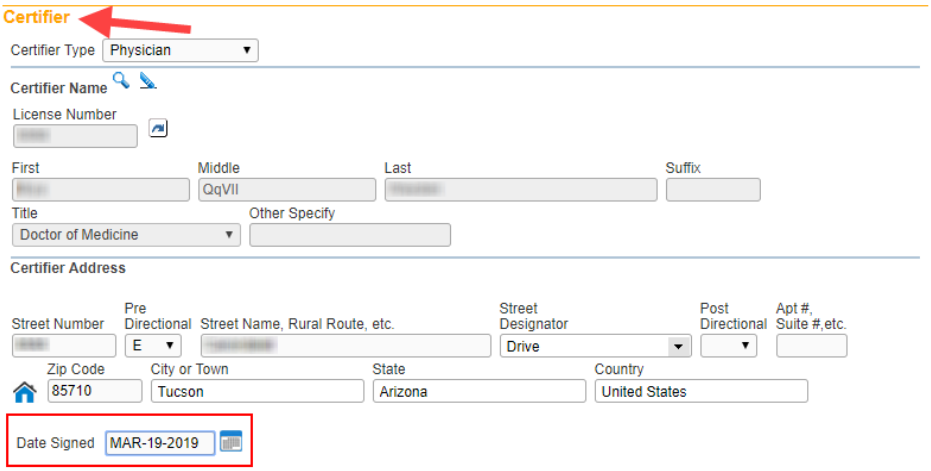
1. A written request to amend the submitted information, in a department provided format, that includes: *(Amending the record in the D.A.V.E. System fulfills this requirement)*
    a. The date of the request
    b. The name and, as applicable, the health professional license number or the badge number of the medical certifier submitting the request
    c. Contact information for the medical certifier
    d. The following information about the deceased registrant;
        i. Name
        ii. Sex
        iii. Date of Birth
        iv. Date of Death
        v. If known, state file number
    e. Specific information in the registered death record to be amended.
    f. A written statement attesting to the validity of the submitted amendment signed by the medical certifier submitting the request for amendment.
2. Evidentiary document that demonstrates the validity of the submitted amendment

For more information please reference Arizona Administrative Code R9-19-310

Examples of Evidentiary Documents:

Medical Records that support the changes being made.

Note: The Medical Certifier is required to update the Date Signed field on the Certifier page when amending the Medical Certification submenu to the date of the amendment request.



Medical Examiner / Tribal Law Enforcement Amendments

A medical certifier, including a **medical examiner or, if applicable, tribal law enforcement authority**, who completed the medical certification of death for the deceased registrant, who is requesting the amendment of medical certification information as specified inR9-19-302(A) (3) or (4) in a deceased registrant's registered death record, shall submit to the BVR or County Vital Records Office where the death occurred:

1. A written request to amend the submitted information, in a department provided format, that includes: *(Amending the record in the D.A.V.E. System fulfills this requirement)*
    a. The date of the request
    b. The name and, as applicable, the health professional license number or the badge number of the medical certifier submitting the request
    c. Contact information for the medical certifier
    d. The following information about the deceased registrant;
        i. Name
        ii. Sex
        iii. Date of Birth
        iv. Date of Death
        v. If known, state file number
    e. Specific information in the registered death record to be amended.
    f. A written statement attesting to the validity of the submitted amendment signed by the medical certifier submitting the request for amendment.
2. Evidentiary document that demonstrates the validity of the submitted amendment

For more information please reference Arizona Administrative Code R9-19-310

In addition to an amendment of information in a deceased registrant's registered death record allowed under subsection (A), **a medical examiner** may request the amendment of any other information that had been submitted by the medical examiner according to R9-19-304(B) for the deceased registrant's death record by submitting to the BVR or the County Vital Records Office where the death occurred:

1. The written request to amend the submitted information as referenced in (A)(1) of this section, and *(Amending the record in the D.A.V.E. System fulfills this requirement)*

2. An evidentiary document that demonstrates the validity of the submitted amendment (i.e., medical records).

Examples of Evidentiary Documents:

Medical Examiner's Summary Report

Tribal Police Report

*See note under Medical Certifier Amendments regarding the Date Signed field for required step.

Funeral Home Correction

To request the correction of information submitted by the **funeral director or the funeral director's establishment** for registration of a deceased individual's death, according to R9-19-303(B) or R9-19-304©, a **funeral director** shall submit to the State Registrar or the local registrar of the registration district where the death occurred:

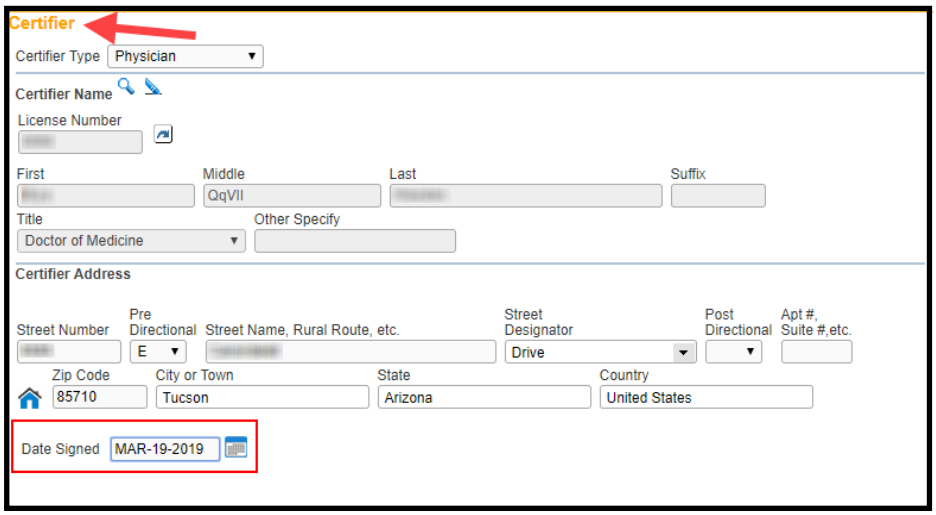
1. A written request (letter of correction on the funeral director's establishment's letter head or death application) that includes:
    a. The date of the request
    b. The name and license number of the funeral director submitting the request
    c. Contact information for the funeral director submitting the request
    d. The deceased registrant's
        i. Name in the deceased registrant's registered death record
        ii. Name in the deceased registrant's registered death record
        iii. Sex
        iv. Date of birth
        v. Date of death
        vi. If known, the state file number
    e. The specific information in the registered death record to be corrected; and
    f. A written statement attesting to the validity of the submitted correction signed and dated by the funeral director submitting the request for correction.
2. A copy of the death registration worksheet

Medical Certifier Corrections

To request the correction of information specified in R9-19-302(A)(3) or (4) in a deceased individual's registered death record, **a medical certifier**, including a medical examiner or, if applicable, tribal law enforcement authority, who completed the medical certification of death for the deceased individual, according to R9-19-303(C)(2) or R9-19-304(B), shall submit to the State Registrar or the local registrar of the registration district where the death occurred

1. A written request to correct the submitted information, on the letterhead paper of the medical certifier or in a Department-provided format, that includes: *(correcting the record in the D.A.V.E. System fulfills this requirement)*
    a. The name and, as applicable, the health professional license number or the badge number of the medical certifier submitting the request;
    b. Contact information for the medical certifier submitting the request, which includes a telephone number or an e-mail address;
    c. The information in subsection (A)(1)(c);
    d. The specific information in the registered death record to be corrected; and
    e. A written statement attesting to the validity of the submitted correction signed and dated by the medical certifier submitting the request for correction; and
2. An evidentiary document, dated before the date the deceased individual's death was registered, that demonstrates the validity of the submitted correction.

Note: The Medical Certifier is required to update the Date Signed field on the Certifier page when correcting the Medical Certification submenu to the date of the amendment request.

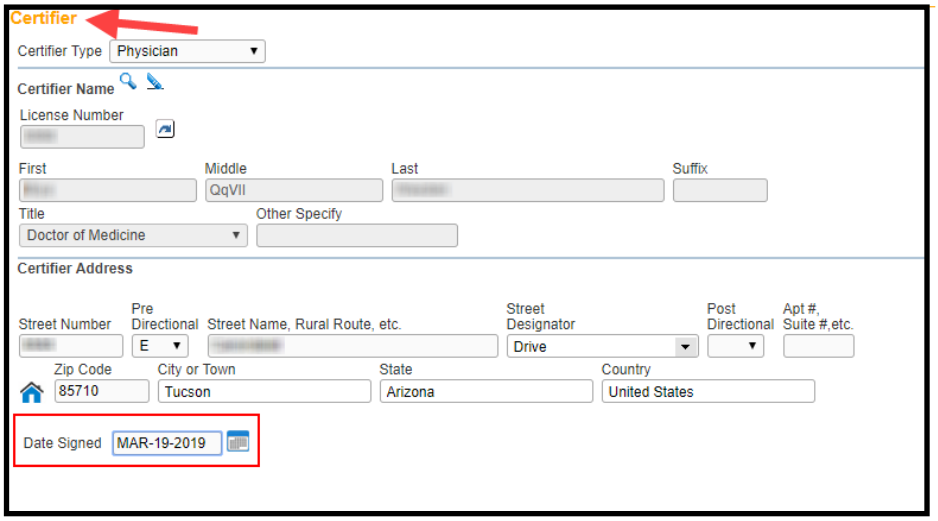


Medical Examiner / Tribal Law Enforcement Corrections

To request the correction of information specified in R9-19-302(A)(3) or (4) in a deceased individual's registered death record, **a** medical certifier, **including a medical examiner or, if applicable, tribal law enforcement authority**, who completed the medical certification of death for the deceased individual, according to R9-19-303(C)(2) or R9-19-304(B), shall submit to the State Registrar or the local registrar of the registration district where the death occurred

1. A written request to correct the submitted information, on the letterhead paper of the medical certifier or in a Department-provided format, that includes: *(Correcting the record in the D.A.V.E. System fulfills this requirement)*
    a. The name and, as applicable, the health professional license number or the badge number of the medical certifier submitting the request;
    b. Contact information for the medical certifier submitting the request, which includes a telephone number or an e-mail address;
    c. The information in subsection (A)(1)(c);
    d. The specific information in the registered death record to be corrected; and
    e. A written statement attesting to the validity of the submitted correction signed and dated by the medical certifier submitting the request for correction; and
2. An evidentiary document, dated before the date the deceased individual's death was registered, that demonstrates the validity of the submitted correction.

Note: The Medical Certifier is required to update the Date Signed field on the Certifier page when correcting the Medical Certification submenu to the date of the amendment request.



Locating a Death Record for Amendment or Correction

This guide is for Funeral Homes, Medical Facilities, and Medical Examiner Offices.

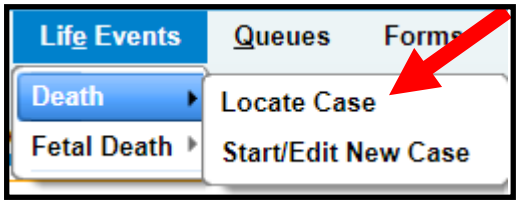
Determine if the Record is VSIMS or DAVE

	Fetal Death	Death
VSIMS	<102-2017-000436	<102-2017-042774
DAVE	>102-2017-000436	>102-2017-042774

Records in VSIMS

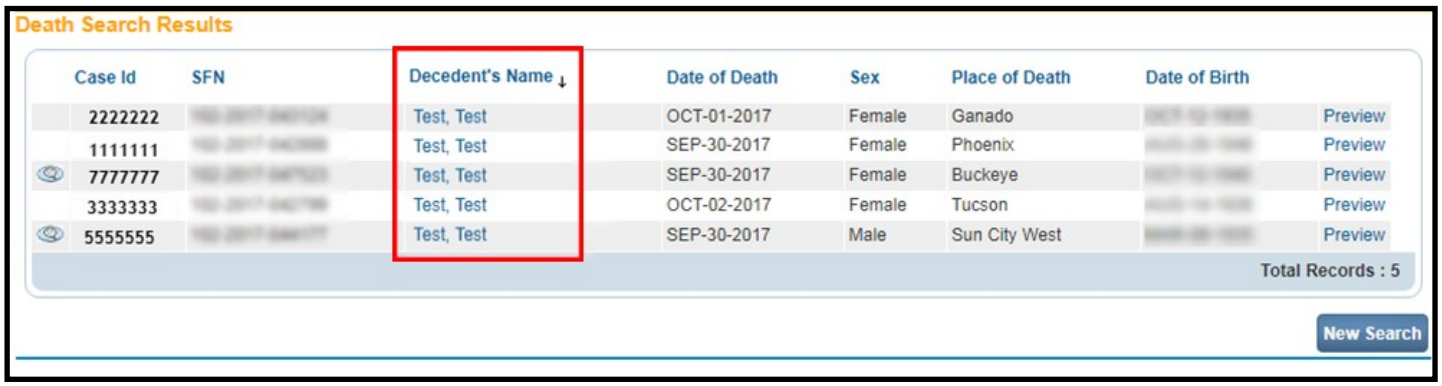
If the record was registered in VSIMS contact your Local County Office to request the Amendment/Correction.

Locate the Record in DAVE



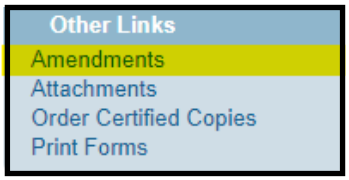
- Log in to D.A.V.E.
- Select 'Locate' from the 'Life Events' Dropdown (Death/Fetal Death)
- From the 'Death Locate Case' page enter as much identifying information to find the record.
- Click 'Search'

- Select the registered record from the 'Death Search Results' page by clicking on the name link.



Amendments and Corrections Step-by-Step Guide

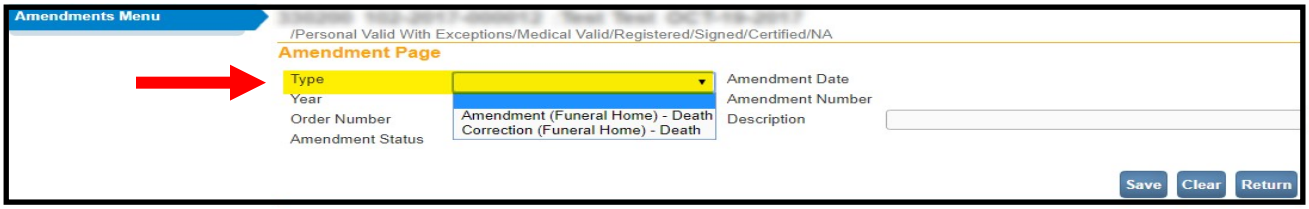
Making the Change



Step 1: Select 'Amendments' under the 'Other links' submenu

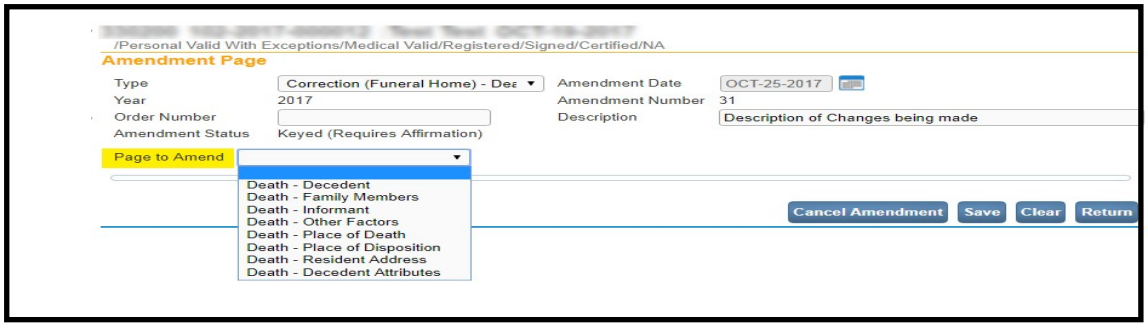
(The page will refresh)

Step 2: From the 'type' dropdown select whether a Correction or Amendment will be performed

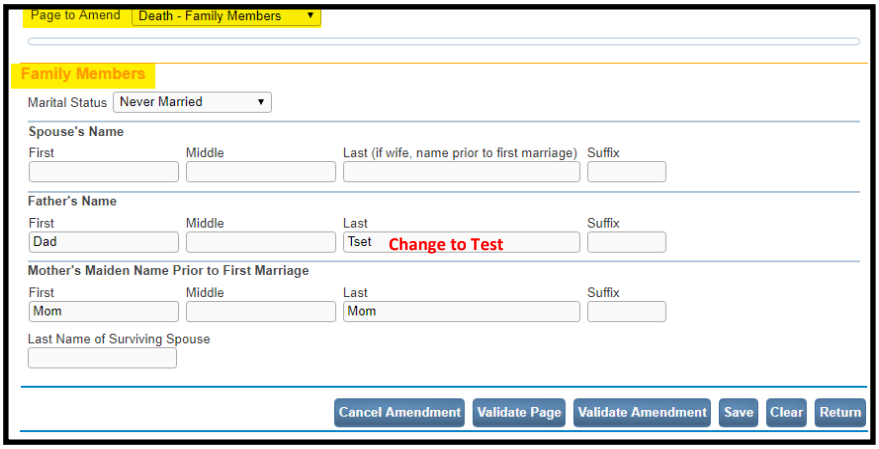


Step 3: Enter a description of the change in the Description textbox. Once complete click *Save*

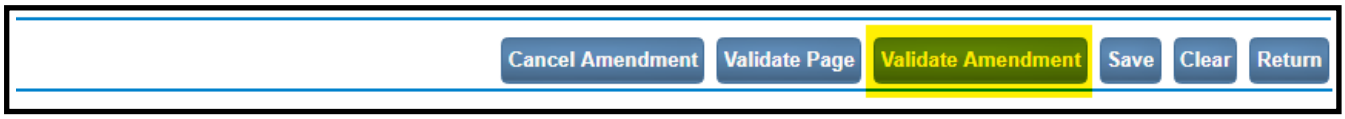
Step 4: On the Amendment page, from the *Page to Amend* dropdown select the page you will be making the changes to.



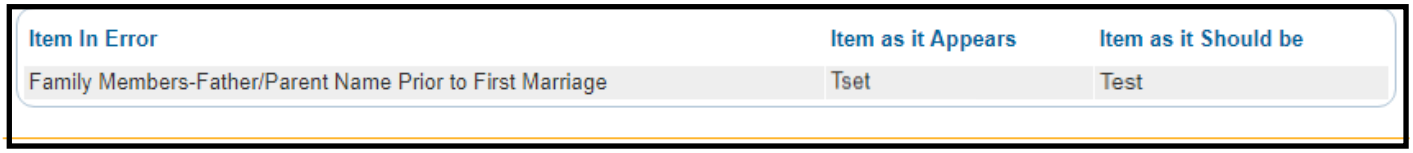
Step 5: Make changes to the field(s) on the page you have selected from the dropdown.



Step 6: Click on *Validate Amendment* button at the bottom of the page.



The page will refresh and show a table containing an overview of the changes made.



Item In Error	Item as it Appears	Item as it Should be
Family Members-Father/Parent Name Prior to First Marriage	Tset	Test

Step 7: Once complete making all changes on the record click *Save*

After the County has reviewed and approved the Amendment/Correction the Funeral Director who affirmed the Amendment/Correction will receive a message informing of the approval.

This message will also be received for rejected Amendment/Corrections.

****Once an Amendment is approved all previous Attachments and Comments will be sealed and unavailable to all users. ****

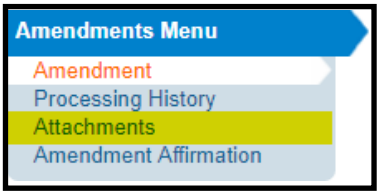
Review below table for detailed review of visibility after approval.

Keyed amendments – remain visible	Keyed corrections – remain visible
Pending amendments – remain visible	Pending corrections – remain visible
Rejected amendments – remain visible	Rejected corrections – remain visible
Cancelled amendments – remain visible	Cancelled corrections – remain visible
Previous Attachments under other links - removed	Previous Comments under other links - removed
Attachments to amendment - removed	Comments to amendment - removed
Previously approved corrections - removed	

Amendment and Corrections Step-by-Step Guide (continued)

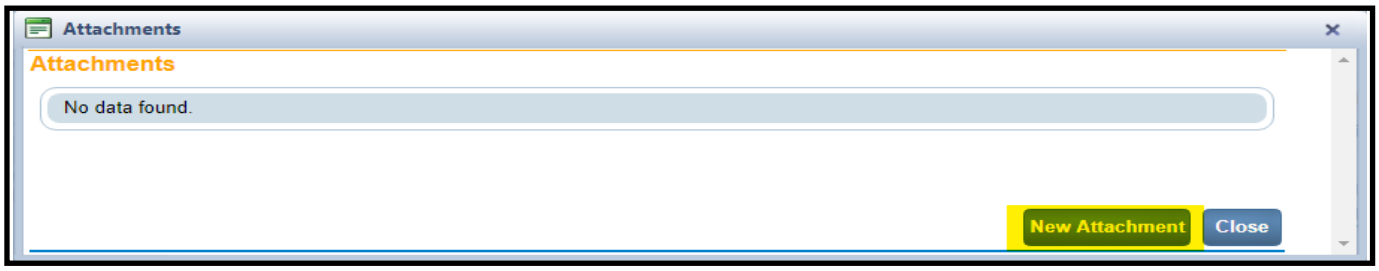
Funeral Director, Medical Certifier, Medical Examiner, and Tribal Law Enforcement Process

Adding Evidentiary Documents

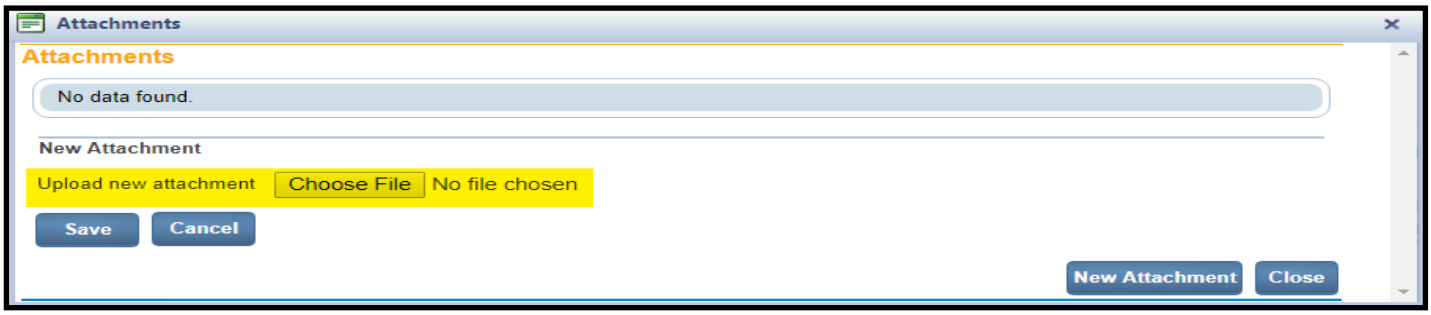


Step 1: Under the *Amendments Menu* select *Attachments*

Step 2: Click on *New Attachment*



Step 3: Choose File from your computer, once complete click *Save*

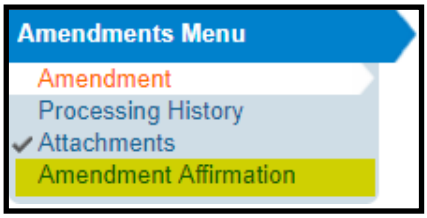


Step 4: Click *Close* to close the attachment window

Supporting documents need to be attached in order for the County to complete the correction/amendment process. Supporting documents should not be pictures, they must be scanned and uploaded to DAVE.

For examples of Evidentiary Documents see your corresponding section in this Guide

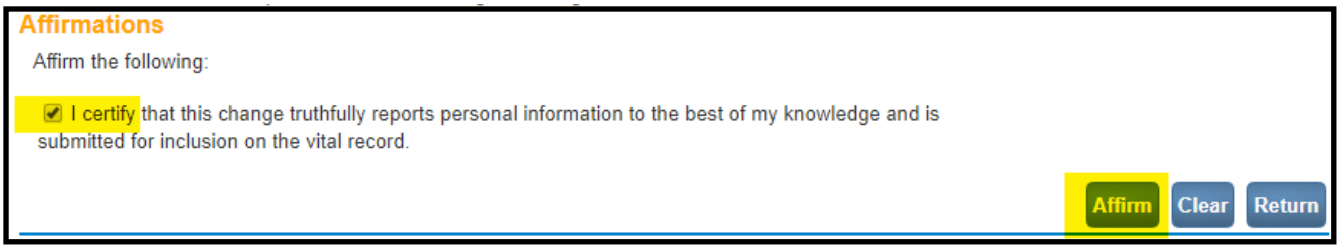
SubmittingCorrection/Amendment



Step 1: Under the *Amendments Menu* select *Amendment Affirmation*

Step 2: In the *Affirmation* page check off the statement

Step 3: Click *Affirm*



****M.E./Certifiers/Funeral Home Director will need to affirm all amendments/corrections.**

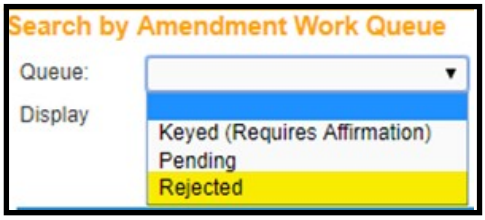
Staff are not allowed to affirm the change.

Rejected Amendments/Corrections

Rejected Amendments/Corrections

When an Amendment/Correction is rejected you will receive a message in your DAVE inbox.

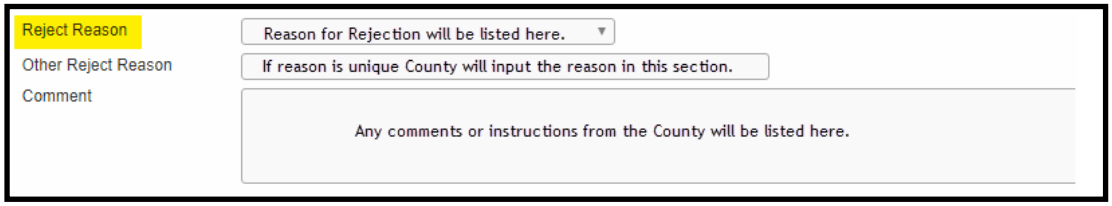
Step 1: After reviewing the message, check the *Rejected* queue in the Amendment Work Queue.



Step 2: Open the Amendment/Correction you would like to work on. Go to the *Processing History* page. View the rejection reason and resolve the issue stated by the County Office.

*For a review of evidentiary documents review the **Amendment Requirements** document.*

Step 3: Make the updates to the Amendment/Correction.



Step 4: Have the Funeral Director, Medical Certifier or Medical Examiner re-affirm the Amendment/Correction.

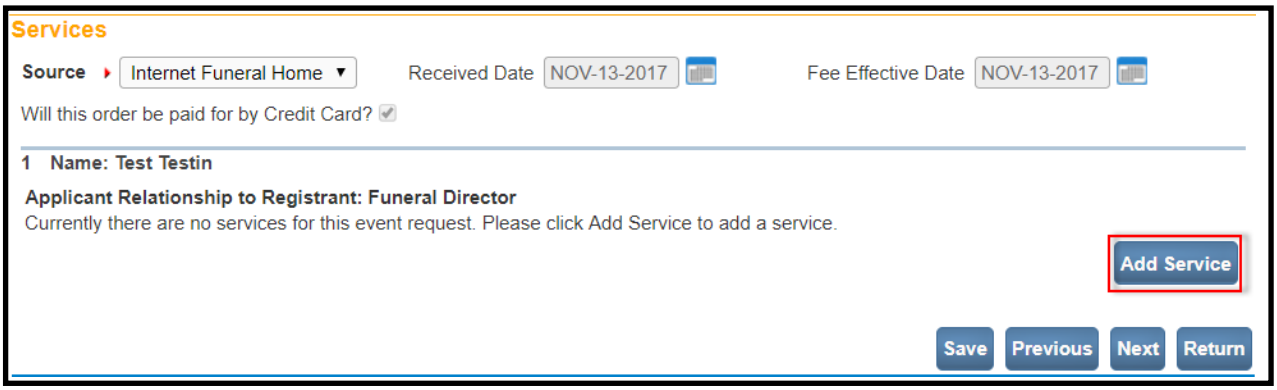
See steps at top of the page.

Submitting Amendment Fee and Ordering Certified Copy

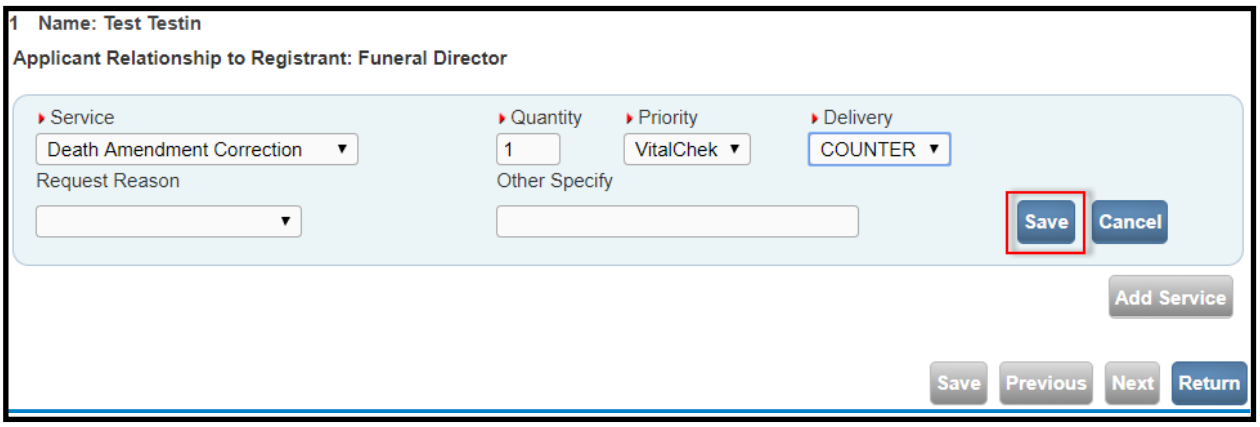
Step 1: Under 'Other Links' select the 'Order Certified Copies' Link.

Step 2: Complete the 'Applicant' screen and make any changes if necessary, once complete click 'Next'

Step 3: On the 'Services' screen click on the 'Add Service' button

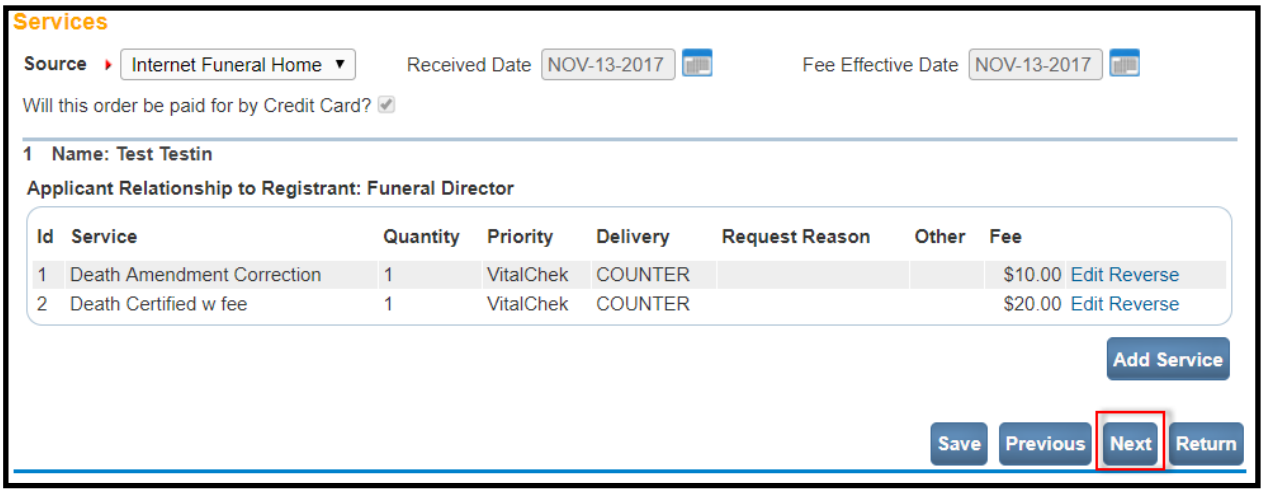


Step 4: From the 'Service' dropdown select 'Death Amendment Correction' add '1' to the 'Quantity' textbox, select 'Vitalchek' from the 'Priority' dropdown and select an option from the 'Delivery' dropdown. Once complete select 'Save'

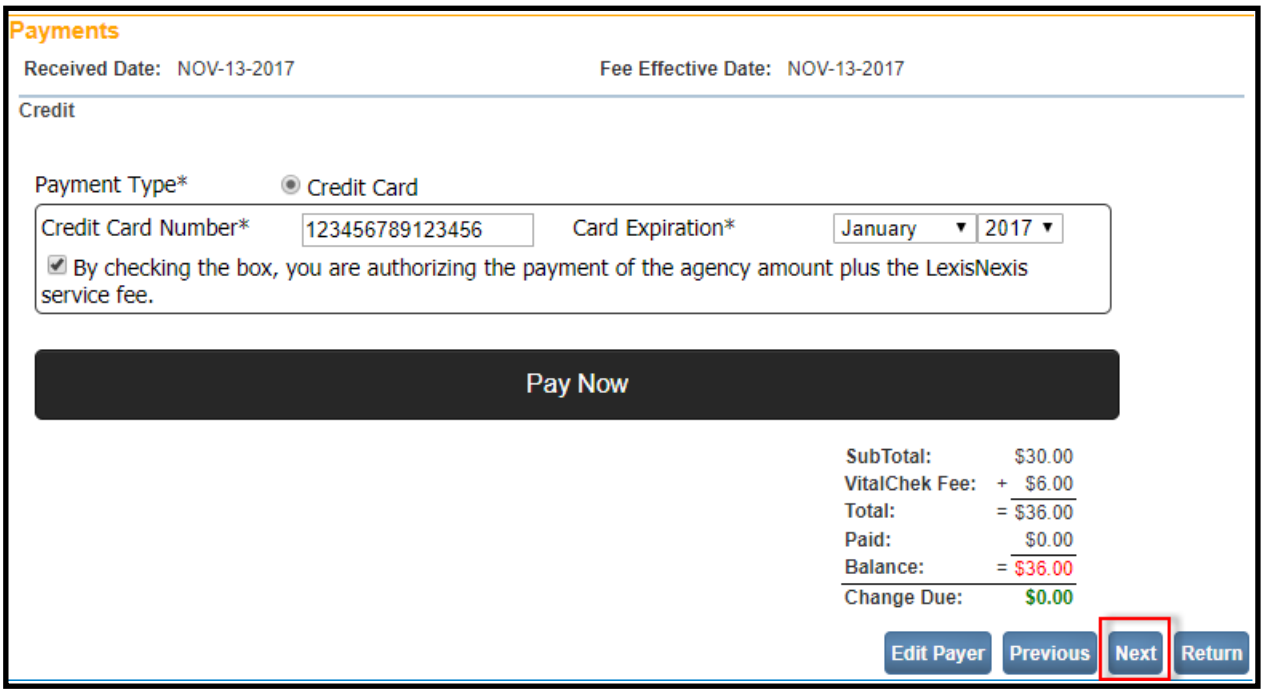


Step 5: Add Additional services by following the previous steps and selecting whether you are requesting a Death Certified Copy, SSA, or VA copy.

Step 6: Once Complete adding services, click 'Next'



Step 7: Submit payment on the 'Payments' Page, then click 'Next'



Step 8: Once the order is valid on the 'Summary' page click on the 'Submit Order' button to submit your order to the County of event

AFFIDAVIT TO CORRECT OR AMEND A DEATH CERTIFICATE
Instructions

Arizona Administrative Code (A.A.C.)

- R9-19-309 - Correcting Information in a Registered Death/Fetal Death Record
- R9-19-310 - Amending Information in a Registered Death/Fetal Death Record

Please reference the laws listed above to determine who may request corrections or amendments to death and fetal death records and the requirements..

1. Please type or print using black or blue ink only and separate the first, middle, last name and suffix by using commas.
2. Do not make any alterations after the information has been entered on the affidavit. *ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT and you will be required to complete a new affidavit.*
3. The following fields must always be completed on the affidavit: decedent's name (first, middle and last), date of death, town or city of death and the county of death.

To correct/amend the decedent's name, date of birth or place of birth a document such as an original, certified copy of a birth certificate or court order that supports the change requested.

To correct/amend the decedent's social security number, a document such as the original social security numident or application from the Social Security Administration, income tax records or W-2 forms, etc. that supports the change requested.

To correct/amend the decedent's parent or parent's name(s), a document such as an original, certified birth certificate of the decedent or a certified copy of the parent's birth certificate shall be submitted.

To amend the decedent's marital status—An original, certified marriage certificate or certified divorce decree is required. Note additional documentation may be requested to verify and support this request.

To amend the spouse's name—the document required depends on the scenario:

- To add a spouse to a death certificate, an original, certified marriage certificate shall be provided.
- To remove a spouse's name from a death certificate, a divorce decree or other proof from the county's marriage and licensing department is required.

"Other Changes" Field—this field may be used to specify other requested amendments on the death certificate such as age, decedent's address, informant's name, armed forces information, Hispanic origin, race, funeral facility information, etc., often used more extensively in the cases of unidentified bodies or Public Fiduciary cases when the decedent is identified. Please specify the field name or number you want to amend in the Data field column on the affidavit.

Please note: Arizona Administrative Code (A.A.C.) R9-19-310 requires the Vital Records to provide notification of request for amendment of information on a death certificate to the individual who provided the information about the decedent. The local registrar, deputy local registrar, or the state registrar may request evidentiary documents from the person submitting the request and the person who provided information about the decedent to determine the validity and accuracy of the requested amendment and the information on the death certificate.

Affidavit can be found at https://www.azdhs.gov/documents/vital-records/manuals/correction-affidavit-death.pdf?v=20250321