

**ARIZONA DEPARTMENT OF HEALTH SERVICES
AFFIDAVIT TO CORRECT OR AMEND A DEATH CERTIFICATE
For Unidentified Human Remains, Public Fiduciary Cases, and Indigent Cases**

**Please use blue or black ink only and separate the first, middle and last names by using commas.
ANY ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT**

DATA	AS THE RECORD READS NOW	CORRECTION/AMENDMENT DESIRED
Decedent's Name (first, middle, last, suffix)		
Date of Death (mm,dd,yyyy)		
Place of Death (city, county)		
Social Security Number		
Date of Birth (mm,dd,yyyy)		
Place of Birth (city, county, state or country)		
Marital Status		
Father's Name (first, middle, last)		
Mother's Name Prior to First Marriage (first, middle, last)		
Other Changes (List field name or number) _____		
Other Changes (List field name or number) _____		
Other Changes (List field name or number) _____		
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I attest the corrections/amendments requested above are accurate, true and valid to the best of my knowledge.

Notary Public:

Affiant Signature _____ Relationship to Decedent _____

State of _____, County of _____, on this ____, day of _____, 20____, before me personally

appeared _____ (name of affiant),
 whose identity was proven to me on the basis of satisfactory evidence
 to be the person whose name is subscribed to this document, and
 who acknowledged that he/she signed the above/attached document.

Notary Signature _____

Expiration Date of Commission _____

Notary Stamp/Seal

