

# **External Amendment and Correction Requirements and Process Guide**

Arizona Department of Health Services – Bureau of Vital Records

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## 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 Statute §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 <http://azdhs.gov/documents/licensing/vital-records/correction-affidavit-death.pdf>
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 in R9-19-302(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

## 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 in R9-19-302(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

## 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.

## 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.

## 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

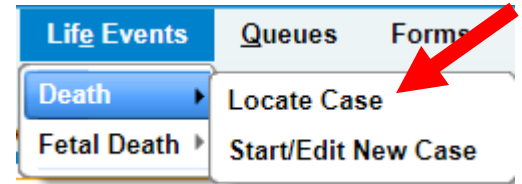
	Fetal Death	Death
VSIMS	<102-2017-000436	<102-2017-042774
DAVE	>102-2017-000436	>102-2017-042774

### 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'



#### Death Locate Case

**Decedent's Information**

First:  Last:  Date of Death:

Sex:  SSN:  Date of Birth:

Case Id:  ME Case Number:  Medical Record Number:

Place of Death Location Type:  Place of Death:

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

#### Death Search Results

Case Id	SFN	Decedent's Name ↓	Date of Death	Sex	Place of Death	Date of Birth	
2222222	102-2017-000436	Test, Test	OCT-01-2017	Female	Ganado	SEP-29-2017	<a href="#">Preview</a>
1111111	102-2017-000436	Test, Test	SEP-30-2017	Female	Phoenix	SEP-29-2017	<a href="#">Preview</a>
7777777	102-2017-000436	Test, Test	SEP-30-2017	Female	Buckeye	SEP-29-2017	<a href="#">Preview</a>
3333333	102-2017-000436	Test, Test	OCT-02-2017	Female	Tucson	SEP-29-2017	<a href="#">Preview</a>
5555555	102-2017-000436	Test, Test	SEP-30-2017	Male	Sun City West	SEP-29-2017	<a href="#">Preview</a>

Total Records : 5

# **Amendments and Corrections Step-by-Step Guide**

## Making the Change

**Step 1:** Select 'Amendments' under the 'Other links' submenu  
(The page will refresh)

**Other Links**

Amendments

Attachments

Order Certified Copies

Print Forms

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

**Amendments Menu**

/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA

**Amendment Page**

<b>Type</b>	<input type="text" value="Correction (Funeral Home) - Death"/>	Amendment Date	<input type="text" value="OCT-25-2017"/>
Year	<input type="text" value="2017"/>	Amendment Number	<input type="text" value="31"/>
Order Number	<input type="text" value="Keyed (Requires Affirmation)"/>	Description	<input type="text" value="Description of Changes being made"/>
Amendment Status	<input type="text" value="Keyed (Requires Affirmation)"/>		

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

**Description**

Description of Changes being made

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

/Personal Valid With Exceptions/Medical Valid/Registered/Signed/Certified/NA

**Amendment Page**

<b>Type</b>	<input type="text" value="Correction (Funeral Home) - Dec"/>	Amendment Date	<input type="text" value="OCT-25-2017"/>
Year	<input type="text" value="2017"/>	Amendment Number	<input type="text" value="31"/>
Order Number	<input type="text" value="Keyed (Requires Affirmation)"/>	Description	<input type="text" value="Description of Changes being made"/>
Amendment Status	<input type="text" value="Keyed (Requires Affirmation)"/>		

**Page to Amend**

Death - Decedent  
 Death - Family Members  
 Death - Informant  
 Death - Other Factors  
 Death - Place of Death  
 Death - Place of Disposition  
 Death - Resident Address  
 Death - Decedent Attributes

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

**Page to Amend**

---

**Family Members**

Marital Status

**Spouse's Name**

First	Middle	Last (if wife, name prior to first marriage)	Suffix
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

**Father's Name**

First	Middle	Last	Suffix
<input type="text" value="Dad"/>	<input type="text" value=""/>	<input type="text" value="Tset"/>	<input type="text" value="Change to Test"/>

**Mother's Maiden Name Prior to First Marriage**

First	Middle	Last	Suffix
<input type="text" value="Mom"/>	<input type="text" value=""/>	<input type="text" value="Mom"/>	<input type="text" value=""/>

Last Name of Surviving Spouse

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

---

Cancel Amendment Validate Page Validate Amendment Save Clear Return

---

*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*

---

Cancel Amendment Validate Page Validate Amendment Save Clear Return

---

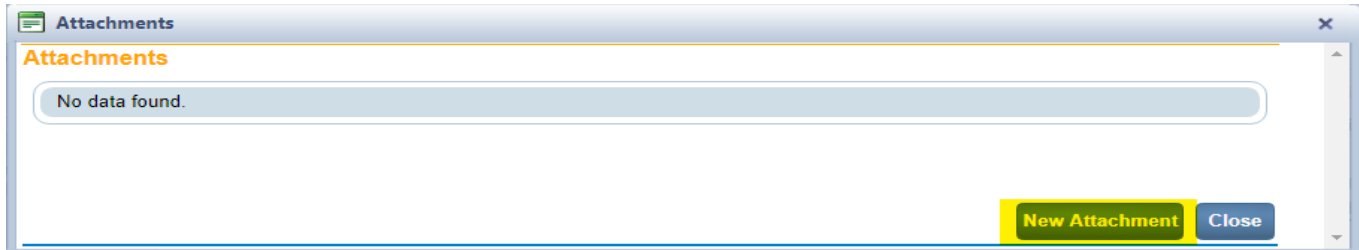
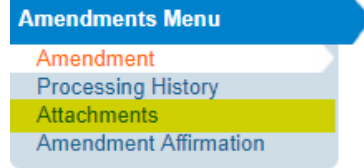
## **Amendment and Corrections Step-by-Step Guide** (continued)

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

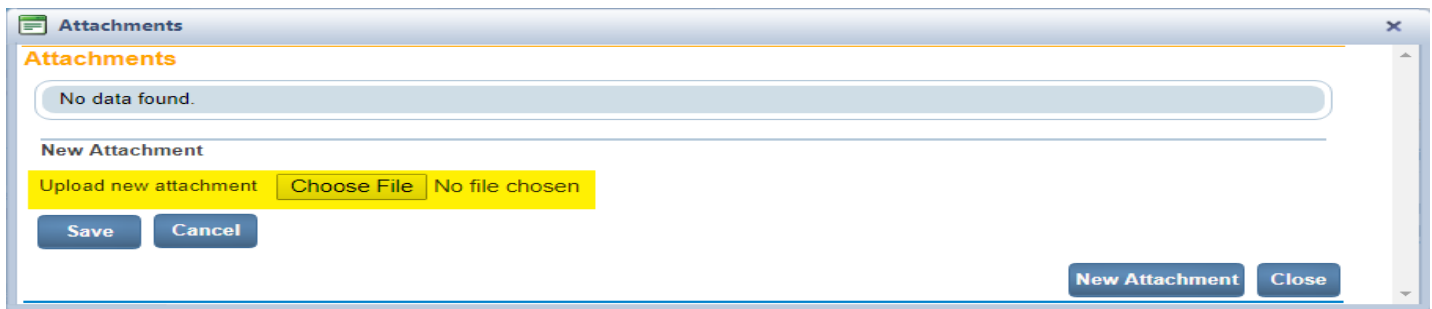
#### Adding Evidentiary Documents

**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.\****

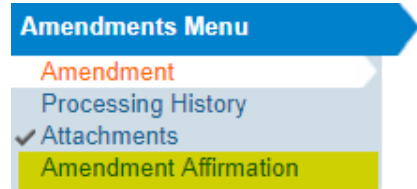
For examples of Evidentiary Documents see your corresponding section in this Guide

#### Submitting Correction/Amendment

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

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

**Step 3:** Click *Affirm*



#### **Affirmations**

Affirm the following:

I certify that this change truthfully reports personal information to the best of my knowledge and is submitted for inclusion on the vital record.

**Affirm** **Clear** **Return**

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

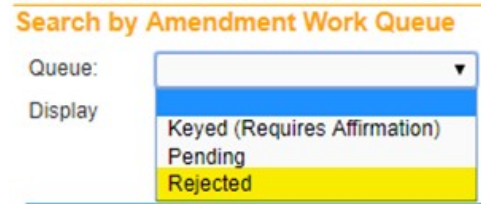
**Staff are not allowed to affirm the change.**

# 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.


Reject Reason	Reason for Rejection will be listed here. ▾
Other Reject Reason	If reason is unique County will input the reason in this section.
Comment	Any comments or instructions from the County will be listed here.

**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.

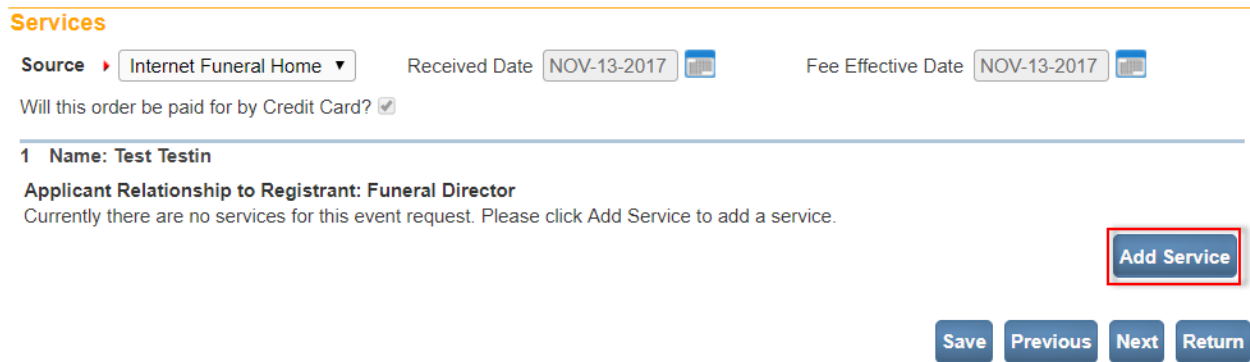


The screenshot shows a 'Death Registration Menu' with several sections. The 'Other Links' section is expanded, and 'Order Certified Copies' is highlighted with a red box. The menu items are as follows:

- Death Registration Menu**
- Personal Information**
  - Decedent
  - Resident Address
  - Family Members
  - Informant
  - Disposition
  - Decedent Attributes
- Medical Certification**
  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
- Other Links**
  - Amendments
  - Attachments
  - Order Certified Copies
  - Print Forms

**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



The screenshot shows the 'Services' screen with the following details:

- Source:** Internet Funeral Home
- Received Date:** NOV-13-2017
- Fee Effective Date:** NOV-13-2017
- Will this order be paid for by Credit Card?**
- 1 Name:** Test Testin
- Applicant Relationship to Registrant:** Funeral Director
- Message:** Currently there are no services for this event request. Please click Add Service to add a service.
- Buttons:** Add Service, Save, Previous, Next, Return



**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'

1 Name: Test Testin  
 Applicant Relationship to Registrant: Funeral Director

▶ Service: Death Amendment Correction ▼
    
 ▶ Quantity: 1
    
 ▶ Priority: VitalChek ▼
    
 ▶ Delivery: COUNTER ▼

Request Reason:  

Other Specify:  

Save
Cancel

Add Service

Save
Previous
Next
Return

**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'

**Services**

Source ▶ Internet Funeral Home ▼     
 Received Date NOV-13-2017 📅     
 Fee Effective Date NOV-13-2017 📅

Will this order be paid for by Credit Card?

---

1 Name: Test Testin  
 Applicant Relationship to Registrant: Funeral Director

Id	Service	Quantity	Priority	Delivery	Request Reason	Other	Fee
1	Death Amendment Correction	1	VitalChek	COUNTER			\$10.00 <a href="#">Edit</a> <a href="#">Reverse</a>
2	Death Certified w fee	1	VitalChek	COUNTER			\$20.00 <a href="#">Edit</a> <a href="#">Reverse</a>

Add Service

Save
Previous
Next
Return

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

### Payments

Received Date: NOV-13-2017

Fee Effective Date: NOV-13-2017

Credit

Payment Type\*  Credit Card

Credit Card Number\* 123456789123456

Card Expiration\* January 2017

By checking the box, you are authorizing the payment of the agency amount plus the LexisNexis service fee.

Pay Now

SubTotal: \$30.00

VitalChek Fee: + \$6.00

Total: = \$36.00

Paid: \$0.00

Balance: = \$36.00

Change Due: \$0.00

Edit Payer

Previous

Next

Return

**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

New Order

Copy to New

Submit Order

Void

Issuance History

Previous

Return

# 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 card or other official document 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 <http://azdhs.gov/documents/licensing/vital-records/correction-affidavit-death.pdf>