

Facility Affidavit for Death Correction

Mail to: Center for Health Statistics P.O. Box 47814

Olympia, WA 98504-7814 360- 236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY						
State File Number		Initials	I	Date	Affidavit Number	
1. Name on reco		2	2. Date of Death:	3. Place of Death:		
First	Middle	Last/Maiden		MM/DD/YYYY		
First Middle 4. Father/Parent Full Birth Name		Lastivialdeli	5. Mother/Parent Full Birth Name			
autom arom			0			
	The reco	rd is incorrect or	incom	plete as follows:		
Field Number The record now shows:			The true fact is:			
I represent the person as: Medical Examiner/Coroner						
☐ Informant ☐ Other (Specify): I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct:						
			J	0 0		
Signature:			РО В	Box or Street Address:		
(Printed Name) Date		Date:	City,	State Zip:		

INSTRUCTIONS – go to <u>www.doh.wa.gov/vitalrecords</u> for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report

- · Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.