

# PHYSICIAN APPLICATION TO CORRECT A MICHIGAN DEATH RECORD

## (For Deaths that occurred AFTER 1/1/2004)

### SECTION 1 – PHYSICIAN REQUESTING CORRECTION

(Fee Required)

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Physician's E-mail: \_\_\_\_\_

### SECTION 2 – WHERE TO MAIL THE CORRECTED DEATH CERTIFICATE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

### SECTION 3 – DECEDENT'S INFORMATION

1. Name of Decedent

2. Date of Birth

3. Gender

4. Date of Death

7a. Location of Death – Hospital or Other institution –  
Name (If not in either, give street and number and zip code)

7b. City, Village or Township of  
Death

7c. County of Death

**INSTRUCTIONS:** Enter the correction for any items in error on the original death certificate in the appropriate spaces below.

29. Medical Examiner Contacted?

Yes    No

30. Place of Death (Home, Hospice, Nursing Home, Hospital, Ambulance)  
(Specify)

**36. PART I** Enter the chain of events - diseases, injuries, or complications - that directly caused the death.  
DO NOT enter terminal events such as cardiac or respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on each line.

If **diabetes** was an immediate, underlying or contributing cause of death, be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.

#### IMMEDIATE CAUSE

(Final disease or condition resulting in death)

Sequentially list conditions, **IF ANY**, leading to the cause listed online a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated events resulting in death) **LAST**

a.

b.

c.

d.

e.

Approximate  
Interval Between  
Onset and Death

**PART II** Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

37. Did tobacco Contribute to Death?

Yes    No    Probably    Unknown

38. If Female

- Not pregnant within past year
- Pregnant at time of death
- Not pregnant, but pregnant within 42 days of death
- Unknown if pregnant within the past year

<b>39. Manner of Death</b> - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)		<b>40a. Was an Autopsy Performed</b>	<b>40b. Were autopsy findings available prior to completion of cause of death?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>41a. Date of Injury</b> (Month, Day, Year)		<b>41b. Time of Injury</b>	<b>41c. Describe how injury occurred</b>
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>41d. Injury at Work?</b>	<b>41e. Place of injury</b> At home, farm, street, construction site, wooded area, etc. (Specify)	<b>41f. If transportation injury</b> Driver/Operator, Passenger, Pedestrian, etc. (Specify)	<b>41g. Location</b> Street or RFD No. City, Village or Twp. State
<input type="checkbox"/> Yes <input type="checkbox"/> No			

#### OTHER CHANGES REQUESTED

Please list below any changes requested relating to the medical facts of this death that are not addressed in Part I or II of this application:

1. Item to be changed: \_\_\_\_\_

Information as it appears now: \_\_\_\_\_

Information as it should appear: \_\_\_\_\_

2. Item to be changed: \_\_\_\_\_

Information as it appears now: \_\_\_\_\_

Information as it should appear: \_\_\_\_\_

#### SECTION 4 – SIGNATURE

I request that an amended certificate of death be filed in accordance with the facts set forth in this application.

<b>Physician's Signature:</b>	<b>Date:</b>
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**Physician's License Number:**

<b>PAYMENT</b> Check or Money Order made out to the "State of Michigan"		<b>Application Fee is Non-Refundable</b>
Application Fee:	\$50.00 (includes one copy)	\$50.00
Additional Certified Copies:	\$16.00 each	\$
RUSH Fee:	\$25.00	\$
<b>TOTAL ENCLOSED:</b>		\$

<b>For Regular Processing</b> <b>Mail Application and Fee to:</b> Vital Records Changes P.O. Box 30721 Lansing, MI 48909	<b>For RUSH Processing (Rush fee must be included)</b> <b>Mail Application and Fee to:</b> Vital Records Changes RUSH P.O. Box 30721 Lansing, MI 48909
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#### PROCESSING TIME

#### Prepaid self-addressed envelopes will NOT be used by our office

Normal processing time to correct or change a Michigan death certificate is 5-6 weeks. If you pay for RUSH service, processing time is 2-3 weeks from when everything is received. Processing time is not guaranteed. There could be situations out of our control that cause processing times to be longer. Note: Applications sent to the Vital Records post office box with an overnight delivery are not received in Vital Records for three (3) days.

#### PENALTIES

Any person who willfully and knowingly makes false application to change a Michigan vital record may be fined and/or imprisoned pursuant to MCL 333.2894(1)(b) and (c)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.