

**PHYSICIAN APPLICATION TO
CORRECT A MICHIGAN DEATH RECORD
(For deaths that occurred AFTER Jan. 1, 2004)
Michigan Department of Health and Human Services
(Fee Required)**

For additional information:
517-335-8660
www.Michigan.gov/VitalRecords

MAIL APPLICATION, INCORRECT DEATH RECORD AND PROPER FEE TO:
Vital Records Changes
P.O. Box 30721
Lansing MI 48909

PHYSICIAN REQUESTING CORRECTION		PLEASE PRINT CLEARLY AND LEGIBLY
Applicant must be the physician who certified the death. Contact information is required.		
Physician's Name and Address:		
Name/Address to mail certificate to if different from physician:		
Physician's phone:	Physician's E-mail:	

DECEDENT'S INFORMATION			
1. NAME OF DECEDENT (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)	3. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	4. DATE OF DEATH (Month, Day, Year)
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b and 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)	7b. CITY, VILLAGE OR TOWNSHIP	7c. COUNTY OF DEATH	

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

29. MEDICAL EXAMINER CONTACTED? (Specify Yes or No)	30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify)
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36. PART I Enter the <u>chain of events</u> - 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.	Approximate Interval Between Onset and Death
<div style="display: flex;"> <div style="width: 20%; padding-right: 10px;"> <p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST</p> </div> <div style="width: 80%;"> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>d. _____</p> <p>e. _____</p> </div> </div>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PART II <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I
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37. DID TOBACCO CONTRIBUTE TO DEATH? Yes Probably No Unknown		38. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)		40a. WAS AN AUTOPSY PERFORMED? (Yes or No)	
40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY AM PM	
41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY At home, farm, street, construction site, wooded area, etc. (Specify)	
41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION Street or RFD No. City, Village or Twp State	

PART III

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:

- Item to be changed: _____
 Information as it appears now: _____
 Information as it should appear: _____
- Item to be changed: _____
 Information as it appears now: _____
 Information as it should appear: _____

I request that an amended certificate of death be filed in accordance with the facts set forth in this application.	
Physician's Signature: _____	Date: _____
Physician's License Number: _____	

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA
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PAYMENT - The fee for correcting a Michigan death record is \$50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$16.00 each when ordered at the same time. Regular processing time is 5-6 weeks. A 2-3-week rush processing is available for an additional fee. **Payment must be made by check or money order payable to the "State of Michigan".**

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$ 50.00	\$ 50.00
_____ Additional Certified Copies	\$16.00 Each	\$
Rush Fee	\$ 25.00	\$
TOTAL ENCLOSED:		\$

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).
 DCH-0862 Rev 8-2021 MCL 333.2871(1) and 333.2891(9)(b) and (10)