

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
WASHINGTON, DC 20001

IN RE: _____
FULL NAME OF DECEASED

Case No. _____

PETITION TO AMEND DEATH CERTIFICATE

COMES NOW, the petitioner _____ and states to
the Court as follows:

1. Jurisdiction is pursuant to D.C. Code 29-2817 and in accordance with the Registrar's of the Department of Health, Vital Records Division regulations regarding the amendment to a Death Certificate.

2. That the petitioner is the _____ of
STATE THE RELATIONSHIP TO THE DECEASED

NAME OF THE DECEASED

3. That the decedent died on _____.

4. That the petitioner resides at _____
_____.

5. That the decedent's death certificate dated _____ states the following incorrect information: (check all that applies)

Decedent's name is misspelled

Date of death is incorrect

Decedent's date of birth

Decedent's place of birth

Decedent's marital status

Decedent's Education

Decedent's mother's name

Decedent's father's name

Other _____

6. That the decedent's death certificate should state the following correct information: (check all that applies)

Decedent's correct name: _____

Decedent's date of death: _____

Decedent's date of birth: _____

- Decedent's marital status: _____
- Decedent's Education: _____
- Decedent's mother's name: _____
- Decedent's father's name: _____
- Other: _____

7. That the petitioner has presented the following supporting documentation: (check all that applies)

- | | |
|---|--|
| <input type="checkbox"/> Decedent's death certificate | <input type="checkbox"/> Decedent's birth certificate |
| <input type="checkbox"/> Decedent's mother's birth certificate | <input type="checkbox"/> Decedent's father's birth certificate |
| <input type="checkbox"/> Certificate of Record Search for Divorce | <input type="checkbox"/> Decedent's Diploma/Degree |
| <input type="checkbox"/> Decedent's DD-214 (military discharge) | <input type="checkbox"/> Decedent's Marriage Certificate |
| <input type="checkbox"/> Decedent's Social Security Summary Statement | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Other _____ | |

The petitioner hereby certifies that (1) this Petition has not been filed for any fraudulent or undisclosed purpose and (2) the granting of the petition will not infringe upon the rights of others relating to any partnership, corporation, patent, trademark, copyright, goodwill, privacy or otherwise.

I, the Petitioner, declare under penalty of perjury under the law of the District of Columbia that the foregoing is true and correct.

Executed on this ____ day of _____ 20__.

SIGNATURE OF THE PETITIONER

OR

Sworn to and subscribed before me on this ____ day of _____ 20__

SIGNATURE OF THE PETITIONER

SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRES

DEPUTY CLERK SIGNATURE

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
WASHINGTON, DC 20001

IN RE: _____
FULL NAME OF DECEASED

Case No. _____

ORDER TO AMEND DEATH CERTIFICATE

In consideration of the Petition to Amend Death Certificate filed herein by
_____ and supporting documentation thereof; it is
by the Court this ____ day of _____ 20____, hereby

ORDERED, that the Death Certificate of _____
NAME OF THE DECEASED

be amended to read as follows:

_____ instead of _____
_____ instead of _____
_____ instead of _____
_____ instead of _____

SO ORDERED.

Judge's Signature

NOT VAILD WITHOUT RAISED SEAL