

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST	1B. MIDDLE	1C. LAST	2. SEX
	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT	

PART II STATEMENT OF CORRECTIONS

	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE			

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ▶	10. DATE SIGNED—MM/DD/CCYY	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER	
	12. ADDRESS—STREET and NUMBER	13. CITY	14. STATE	15. ZIP CODE
STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ▶		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY	

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM

1. ***This form becomes a part of the original record – type or print clearly in black ink only.***
2. No erasures, whiteouts, photocopies, or alterations allowed.
3. Enter the Local Registration Number in the space provided in the upper right-hand corner of the form.
4. Complete Part I, Items 1 – 5, with the information as it appears on the original certificate.
5. Enter the certificate item number(s) to be corrected, either from the original or subsequent amendment, in Part II—Item 6. List one item per line, except when listing an “AKA” (Also Known As).
6. Enter the information that appears on the original certificate in the line(s) provided below Item 7.
7. In Item 8, enter the information as it should be stated for each item listed in Item 7.
8. Read the declaration statement. The certifier must enter his/her signature in Item 9.
9. Do not write in Items 16 or 17. This space is reserved for State or Local Registrar use only.
10. When properly completed and signed, return this form to either the State or Local Registrar. The address of the Office of Vital Records is:

California Department of Public Health
Office of Vital Records
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
11. If acceptable, the amendment will be registered and become a part of the original record. The original certificate cannot be altered. A certified copy of both the original and the amendment may be obtained from the County Recorder or State Registrar (Office of Vital Records).