

Application to Correct, Complete, or Amend the Demographic Portion of a Death Certificate

Changes to the demographic information may only be requested by the funeral director of record or authorized person, per 18 V.S.A. § 5202a

Name of Decedent: _____

Date of Death (mm/dd/yyyy): _____

Applicant Name: _____ Title: _____

Organization: _____

Phone Number: _____ Date of Request: _____

I request the death certificate for the above-named individual be (check one):

Corrected or completed within 6 months from date of death as per 18 V.S.A. § 5202a(a)

Amended after 6 months from date of death as per 18 V.S.A. § 5202a(b)

(Please attach separately any supporting documentation for the change)

1. Decedent's Legal Name:			2. Sex:	
3. SSN:	4. Age:	5. Date of Birth (mm/dd/yyyy):	6. Birthplace:	
7a. Residence Street and Number:		7b. City or Town of Residence:	7c. State or Foreign Country:	
8a. Ever in U.S. Armed Services?	8b. Veteran of Any War(s)?	8c. If so, What War(s)?		
9. Marital Status:	10a. Birth Name of Surviving Spouse/Civil Union Partner:		10b. Sex of Surviving Spouse/Partner:	

11. Father or Parent's Name:	12. Mother or Parent's Name:	13a. Informant's Name:
13b. Informant's Relationship to Decedent:	13c. Informant's Mailing Address (Street & Number, City or Town, State, Zip Code):	
14. Decedent's Education Level:	15a. Decedent of Hispanic Origin?:	15b. If Yes, Please Specify:
16. Decedent's Race:	17. Decedent's Usual Occupation:	18. Kind of Business/Industry:
20. Place of Death: <input type="checkbox"/> If death occurred in a hospital: <input type="checkbox"/> Inpatient Facility <input type="checkbox"/> Intensive Care <input type="checkbox"/> Emergency Room/Outpatient If death occurred somewhere other than in a hospital: <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Other (specify): _____		
21a. Place of Death Facility Name (If not Institution, street name and number) :	21b. City or Town:	21c. State:
22a. Method of Disposition:	22d. Place of Final Disposition:	
22e. Location of Final Disposition (City, State) :	26. Date of Disposition (mm/dd/yyyy):	

23a. Name of Funeral Facility/Authorized Person	23b. Address of Funeral Facility/Authorized Person
Other Demographic Corrections/Amendments:	

Signature of Authorized Applicant: _____

Date: _____

To submit your request, please do one of the following:

- 1) Email the completed form to EDRS@vermont.gov
- 2) Fax the completed form to 802-651-1787