

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

Changes to the medical information may only be requested by 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 hereby 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)

27. Manner of Death:

- Natural
- Accident
- Suicide
- Homicide
- Pending Investigation
- Could Not Be Determined

The following information should  **replace** or  **be added to** cause Part 1 as it appears on the death certificate

28. Cause Part I:

Interval/Onset to Death:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

29. Cause Part II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

The following information should  **replace** or  **be added to** cause Part II as it appears on the death certificate:

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30. Did tobacco Contribute to Death?

- Yes
- No
- Probably
- Unknown

31. If Female:

- Not pregnant within past year
- Pregnant at time of death
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant 43 days to 1 year before death
- Unknown if pregnant within the past year

32a. Was OCME Contacted?

- Yes  No

32b. ME Case Number

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33. Was an Autopsy Performed?

- Yes  No

34. Were autopsy findings available to complete cause of death?

- Yes  No

35. Date of Injury (mm/dd/yyyy):

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36. Time of Injury:

\_\_\_\_\_ AM  
\_\_\_\_\_ PM

37. Place of Injury (e.g. Decedent's Home, Construction Site, etc.):

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38. Injury at Work?

- Yes  No

39: Location of Injury:

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40. Describe how injury occurred:

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41. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____	42a. Date of Death (mm/dd/yyyy): _____
42b. Time of Death _____ AM _____ PM	42c. Date Pronounced Dead (mm/dd/yyyy): _____
42d. Time Pronounced Dead _____ AM _____ PM	Other Medical 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](mailto:EDRS@vermont.gov)
- 2) Fax the completed form to 802-651-1787