VERMONT
DEPARTMENT OF HEALTH

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:** _____

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 supporting documentation for the change)

27. Manner of Death: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could Not Be Determined

28. Cause **PART I**: The following information should ☐ **REPLACE** or ☐ **be ADDED TO** cause PART I as it appears on the death certificate:

		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:

30. Did Tobacco Contribute to Death?
☐ Yes ☐ Probably ☐ No ☐ Unknown

31. If Female:
☐ Not pregnant within past year
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Pregnant at time of death
☐ Unknown if pregnant within the past year
☐ Not pregnant, but pregnant within 42 days of death

32a. Was OCME Contacted? ☐ Yes ☐ No

32b. ME Case Number

33. Was an Autopsy Performed? ☐ Yes ☐ No

34. Were autopsy findings available to complete cause of death? ☐ Yes ☐ No

35. Date of Injury:

36. Time of Injury: AM PM

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

38. Injury at Work? ☐ Yes ☐ No

39. Location of Injury:

40. Describe how injury occurred:

41. If Transportation Injury, Specify:
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (specify)

42a. Date of Death

42b. Time of Death AM PM

42c. Date Pronounced Dead

42d. Time Pronounced Dead AM PM

Other Medical Corrections/Amendments:

Signature of Authorized Applicant: _____ Date: _____

To submit your request: 1) Email the completed form to EDRS@Vermont.gov OR
2) Fax the completed form to 802-651-1787

Clear Form