

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** case 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** case Part 1 as it appears on the death certificate:

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

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):

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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <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
- 2) Fax the completed form to 802-651-1787