**Section 500.APPENDIX F Death Records**

**Section 500.ILLUSTRATION F Application for Correction of a Death Certificate**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| APPLICATION FOR CORRECTION OF A DEATH CERTIFICATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAIL TO: | | ILLINOIS DEPARTMENT OF PUBLIC HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | OFFICE OF VITAL RECORDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 535 WEST JEFFERSON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | SPRINGFIELD, ILLINOIS 62761 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE SEND ME FORMS AND INSTRUCTION FOR CORRECTING THIS DEATH CERTIFICATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of deceased: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Registered Number: | | | | | | | | |  | | | |
| Date of death: | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | month | | | | | day | | | | | | year | | | | State file number: | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of death: | | |  | | | | | | | | | | | |  | | |  | | | | | | | |  | | |  | | |
|  | | | hospital | | | | | | | | | | | |  | | | county | | | | | | | |  | | | city, village or township | | |
| FILL IN ONLY ITEMS TO BE CORRECTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| incorrect information now on certificate | | | | | | | | | | | | | | |  | | | should be corrected to read: | | | | | | |
| Name of Deceased: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | |
| Date of death: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | |
| Usual residence: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | |
|  | | | | | | | state | | | | | | | | | | | | | | |  | | |  | | | | |  |  |
|  | | | |  | | | county | | |  | | city, village or township | | | | | | | | | |  | | |  | | | | |  |  |
| Married, never married, widowed, or divorced: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | |
|  | | |
| Birth date and age: | | | | | | | |  | | | | |  | | |  | | | | | |  | | |  | | | | |  |  | |
|  | | | | | | | | birth date | | | | |  | | | age | | | | | |  | | |  | | | | |  |  | |
| Birthplace: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | |
| Father’s name: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | |
| Mother’s maiden name: | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | |
| other corrections needed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | |  | | |  | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | |  | | |  | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | |  | | |  | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | |  | | |  | | | | | | | | |
| Please mail correction forms to: | | | | | | | | | | | Name: | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | My relationship to deceased: | | | | | | | | | | | |  | | | | | | | | | |
| VR-401.2 REV. 6/78 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)