**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)