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# **County & Deputy Registrar *Amending Death Records – Amendment Tool***

Public Health Division  
Center for Public Health Practice  
Center for Health Statistics  
December 4<sup>th</sup> and 7<sup>th</sup> 2017

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon  
Health  
Authority

# Presenters

Ryan Sanders  
Amendments Manager

Derrick Patterson  
Death Corrections Specialist



# Joining the audio conference

Choose the 2nd option to Dial-In

**Join Audio Conference**

This meeting's audio conference was successfully started.  
How would you like to join the meeting's audio conference?

Dial-out [Receive a call from the meeting]

Dial-in to the Audio Conference via Phone

**Dial telephone number:**  
Toll access number (Toll): 1 (630) 424-8428  
Toll free access number (Toll Free): 1 (866) 377-3315

**Enter the following details when prompted:**  
Participant pin code: 7909824  
Moderator pin code: 1873059

**Once joined to the audio, identify yourself:**  
Press 998494# on your phone.

[More dial-in information...](#)

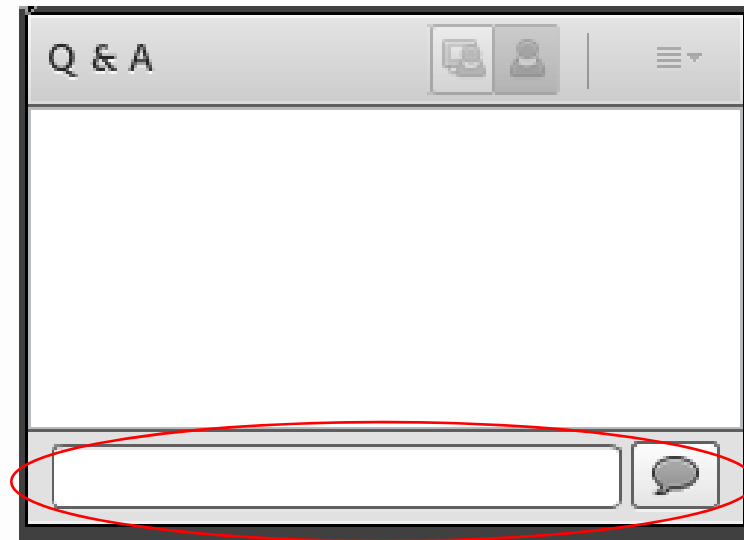
Using Microphone (Computer/Device)

Done Listen Only

1 → 2 → 3 →

# How we will communicate

- Question and Answer Session between segments (phones will be unmuted)
- Type your questions in the Q & A chat box; we can either respond to questions individually or address to the whole group



# Vital Records Wheel



# Today's Agenda

1. Reminders and announcements
2. Amendment tool introduction
3. Amendment tool overview
4. Example scenarios

# Reminders and announcements

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# Fee change reminder

- ❖ All certificates will be the same price regardless of how many you order (no discount for second copies)
  - ❖ The price for a certified death certificate and any additional copies is \$25
- ❖ This change is effective January 1, 2018
- ❖ New order forms will be available on our website mid-December
- ❖ Dispose of outdated forms



# House Bill 2673 Implementation

- ❖ Effective on January 1, 2018, HB 2673 creates an administrative application process to change the name and/or sex designation on an Oregon birth record if the change is requested to support the registrant's gender identity and the gender of the individual does not match their sex reported on the birth record.
- ❖ Please refer questions to [CHS.Amendments@state.or.us](mailto:CHS.Amendments@state.or.us) or 971-673-1178

# Amendment tool introduction

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# Introduction

The amendment tool is the result of feedback from counties requesting help with evaluating amendments.

It was developed with input from members of several teams at the State and piloted in four counties.

We then used their feedback from using the tool in their day-to-day work to further improve it.

# Thank you

Thank you to our piloting counties and those who offered feedback:

Malheur County – Peggy Winslow

Clackamas County – Risa Kemp

Morrow County – Theresa Crawford

Klamath County – Jessica Dale

# What is the amendment tool?

- ❖ A reference tool similar in format to the sight verification tool
- ❖ Designed to simplify the process of determining whether you can amend a record when you have a legally sufficient affidavit
- ❖ Helps guide you in typing footnotes to document changes
- ❖ Warns you of restrictions to specific items such as marital status

## What limitations does it have?

- ❖ It is not an exhaustive manual – you still need a legally sufficient affidavit, it does not cover all possible scenarios, and there are rare exceptions that it does not address.
- ❖ It is not a substitute for comprehensive training.

## How should it be used?

- ❖ The amendment tool should be used like the sight verification tool – it will be most helpful when viewed side-by-side with the death record and affidavit as you make an amendment.
- ❖ It should be used in your daily work as a reference to help you spot common problems.
- ❖ When you have a legally sufficient affidavit, use it to determine if the change being requested is allowed, who should be signing the affidavit, and where you should footnote the change.

# Q & A Break





# Amendment tool overview

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Legend on back

FOR COUNTY USE ONLY  
**AMENDMENT TOOL - Death certificate**  
OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Medical but footnoted in #45

245874  
I.D. TAG NO.

STATE FILE NUMBER  
June 22, 2011

1. Legal Name: First John Middle Last Doe Suffix  
2. Death Date: June 22, 2011

3. Sex: Male 4. Age: 56 years 5. Social Security Number: 123-45-6789 6. County of Death: Multnomah

7. Birthdate: March 12, 1955 8. Birthplace: Portland, Oregon 9. Decedent's Education: High school grad. or GED

10. Was Decedent of Hispanic Origin? No 11. Decedent's Race(s): White 12. Was Decedent Ever in U.S. Armed Forces? Yes

13. Residence: Number and Street: 123 N Oak Street 14. City/Town: Portland

15. Residence County: Multnomah 16. State or Foreign Country: Oregon 17. Zip Code + 4: 97111 18. Inside City Limits? Yes

19. Marital Status at Time of Death: Never married 20. Spouse's Name Prior to First Marriage: [Blank]

21. Usual Occupation: Mason 22. Kind of Business/Industry: Construction

23. Father's Name: James Doe 24. Mother's Name Prior to First Marriage: Martha Miller

25. Informant's Name: Carla Doe 26. Informant's Relationship to Decedent: Sister 27. Relationship to Decedent: Sister 28. Mailing Address: 4477 N Prine Street, Portland, OR 94554

29. Place of Death: Decedent's Residence 30. Facility Name: [Blank]

31. Location of Death: 123 N Oak Street 32. City/Town or Location of Death: Portland

33. State: Oregon 34. Zip Code + 4: 97111

35. Method of Disposition: Burial 36. Place of Disposition: Columbia Pioneer Cemetery 37. Location: Portland, Oregon

38. Name and Complete Address of Funeral Facility: Affordable Burial and Cremation Company, 505 NE 1st Street, Newport, Oregon 97365

39. Date of Disposition: TBD 40. Funeral Director's Signature: Funeral Director (Signature) 41. OR License Number: CO-3002

42. Registrar's Signature: [Blank] 43. Date Received: [Blank] 44. Local File Number: [Blank]

45. Amendment: [Blank]

Footnotes to items 1-39 go here. See back for examples of format.

46. Was case referred to Medical Examiner?  Yes  No 47. Autopsy?  Yes  No 48. Were autopsy findings available to complete the cause of death?  Yes  No 49. Time of Death: 5:30 pm

CAUSE OF DEATH

50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Approximate Interval: Onset to Death: years

Final disease or condition resulting in death -> IMMEDIATE CAUSE -> a. Congestive Heart Failure

Due to (or as a consequence of) -> b. [Blank]

Due to (or as a consequence of) -> c. [Blank]

Due to (or as a consequence of) -> d. [Blank]

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: [Blank]

52. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending

53. 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 before death

54. Did tobacco use contribute to death?  Yes  Probably  No  Unknown

55. Date of Injury (mm/dd/yyyy): [Blank] 56. Time of Injury: [Blank] 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): [Blank] 58. Injury at Work?  Yes  No  Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4): [Blank]

60. Describe how injury occurred: [Blank] 61. If transportation injury, specify:  Driver/Operator  Passenger  Pedestrian  Other (Specify): [Blank]

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Megan Smith, 14300 SW Sam Jackson Park Rd. Portland, OR 9712

63. Name and Title of Attending Physician (if Other than Certifier): [Blank]

64. Title of Certifier: M.D. 65. License Number: MD01234 66. Date Signed (mm/dd/yyyy): June 23, 2011

67. Medical Certifier - To the best of my knowledge, death occurred in the time, date, and place, and due to the cause(s) listed above. 68. Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.


69. Amendment: [Blank]


Footnotes to items 46-66 go here. See back for examples of format.


The front of the amendment tool uses color coded boxes and shading to guide footnotes, identify fields with special instructions, and warn of items that may not be able to be changed at the county.


PUBLIC HEALTH DIVISION  
Center for Health Statistics


LEGEND

 Personal items that can be amended by an affidavit from a licensed funeral director for the facility submitting the record

 Medical items that can be amended by an affidavit from the medical certifier listed on the record

 Signatures Items that cannot be amended

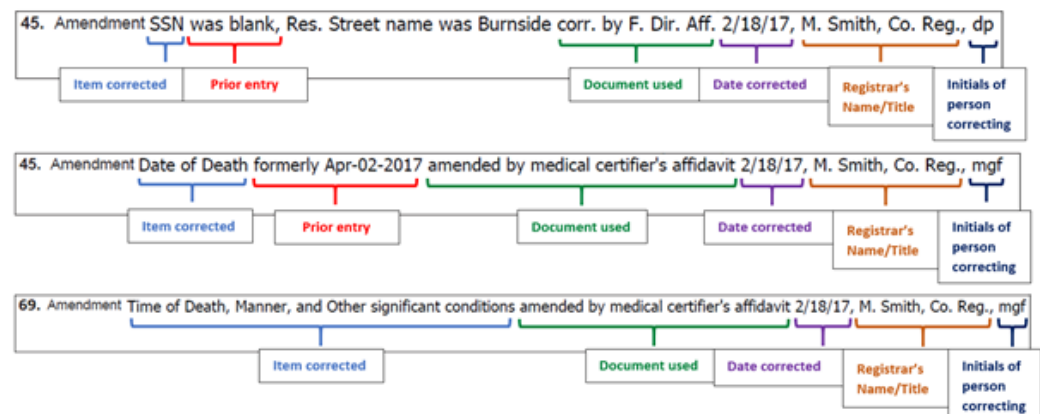
 Location of death can be amended by *either* the funeral director *or* the medical certifier listed on the record.

 **Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

**Footnotes (45 & 69)**

All changes to an original record must be documented with a footnote. If you do not have a typewriter or do not have room to type the footnote in the correct footnote box, send the original record and affidavit to the state. Do not issue from the uncorrected record and do not change the record without adding a footnote. Wait for the record to be registered by the state, then issue the corrected record electronically. Footnotes must be specific enough for someone to tell exactly what was changed without seeing the affidavit – for example "Last Name formerly Jones" is not specific enough because several last names appear on a death record.

**Examples:**



The back contains a legend explaining the boxes and shading, and an in depth explanation regarding timing dependent changes.

It also contains a short explanation regarding footnotes, and examples.

Legend on back

FOR COUNTY USE ONLY  
**AMENDMENT TOOL - Death certificate**

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER

245874

I.D. TAG NO.

1. Legal Name First: John Middle: Last: Doe Suffix:			2. Death Date June 22, 2011	
3. Sex Male	4. Age 56 years	5. Social Security Number 123-45-6789		6. County of Death Multnomah
7. Birthdate March 12, 1955	8. Birthplace Portland, Oregon		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 123 N Oak Street			14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon	17. Zip Code + 4 97111	18. Inside City Limits? Yes
19. Marital Status at Time of Death Never married		20. Spouse's Name Prior to First Marriage		
21. Usual Occupation Mason			22. Kind of Business/Industry Construction	
23. Father's Name James Doe		24. Mother's Name Prior to First Marriage Martha Miller		
25. Informant's Name Carla Doe		26. Telephone Number Not Available	27. Relationship to Decedent Sister	28. Mailing Address 4477 N Prine Street, Portland, OR 94554
29. Place of Death Decedent's Residence			30. Facility Name	
31. Location of Death 123 N Oak Street		32. City/Town or Location of Death Portland		33. State Oregon
35. Method of Disposition Burial		36. Place of Disposition Columbia Pioneer Cemetery		34. Zip Code + 4 97111
37. Location Portland, Oregon				
38. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365				
39. Date of Disposition TBD		40. Funeral Director's Signature <i>Funeral Director</i>		41. OR License Number CO-3002
42. Registrar's Signature		43. Date Received		44. Local File Number
45. Amendment				
<b>Footnotes to items 1-39 go here. See back for examples of format.</b>				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
				49. Time of Death 5:30 pm
CAUSE OF DEATH				
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS				Approximate Interval:

\*294137\*

TO BE COMPLETED BY FUNERAL FACILITY

A blue box outlines personal items on the death certificate. It directs you to footnote them in box #45, so that they appear on a short form certificate.

A yellow box outlines medical items that can be amended by an affidavit from the medical certifier listed on the record.

Instructions direct you to footnote these items in box #69.

TO		123 N Oak Street		Portland		Oregon		97111	
35. Method of Disposition Burial		36. Place of Disposition Columbia Pioneer Cemetery				37. Location Portland, Oregon			
38. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365									
39. Date of Disposition TBD		40. Funeral Director's Signature Funeral Director				41. OR License Number CO-3002			
42. Registrar's Signature		43. Date Received				44. Local File Number			
45. Amendment <b>Footnotes to items 1-39 go here. See back for examples of format.</b>									
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			49. Time of Death 5:30 pm		
CAUSE OF DEATH									
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.								Approximate Interval: Onset to Death	
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ a. Congestive Heart Failure						years	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ b.							
		Due to (or as a consequence of) ↓ c.							
		Due to (or as a consequence of) ↓ d.							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:									
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)									
60. Describe how injury occurred							61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Megan Smith 14300 SW Sam Jackson Park Rd. Portland, OR 97212									
63. Name and Title of Attending Physician if Other than Certifier									
64. Title of Certifier M.D.				65. License Number MD01234		66. Date Signed (MM/DD/YYYY) June 23, 2011			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Megan Smith						68. Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Amendment <b>Footnotes to items 46-66 go here. See back for examples of format.</b>									

45-2DP (01/06)



Legend on back

FOR COUNTY USE ONLY  
**AMENDMENT TOOL - Death certificate**

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Medical but  
footnoted in #45

245874  
I.D. TAG NO.

STATE FILE NUMBER  
June 22, 2011

A call-out bubble warns you about Date of Death: this item is medical (amendable only by the medical certifier) but it is footnoted in box #45, so that it appears on a short form certificate.

\*294137\*

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name First: John Middle: Last: Doe Suffix:			2. Death Date June 22, 2011	
3. Sex Male	4. Age 56 years	5. Social Security Number 123-45-6789		6. County of Death Multnomah
7. Birthdate March 12, 1955		8. Birthplace Portland, Oregon		9. Decedent's Education High school grad. or GED
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 123 N Oak Street			14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon	17. Zip Code + 4 97111	18. Inside City Limits? Yes
19. Marital Status at Time of Death Never married		20. Spouse's Name Prior to First Marriage		
21. Usual Occupation Mason			22. Kind of Business/Industry Construction	
23. Father's Name James Doe			24. Mother's Name Prior to First Marriage Martha Miller	
25. Informant's Name Carla Doe		26. Telephone Number Not Available	27. Relationship to Decedent Sister	28. Mailing Address 4477 N Prine Street, Portland, OR 94554
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 123 N Oak Street		32. City/Town or Location of Death Portland		33. State Oregon
35. Method of Disposition Burial		36. Place of Disposition Columbia Pioneer Cemetery		37. Location Portland, Oregon
38. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365				
39. Date of Disposition TBD		40. Funeral Director's Signature Funeral Director		41. OR License Number CO-3002
42. Registrar's Signature		43. Date Received		44. Local File Number
45. Amendment				

Footnotes to items 1-39 go here. See back for examples of format.

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	49. Time of Death 5:30 pm
CAUSE OF DEATH			
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			Approximate Interval: Onset to Death
Final disease or condition resulting in death→		IMMEDIATE CAUSE ↓ a. Congestive Heart Failure	years

Legend on back

FOR COUNTY USE ONLY  
**AMENDMENT TOOL - Death certificate**

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Medical but  
footnoted in #45

245874  
I.D. TAG NO.

STATE FILE NUMBER

2. Death Date  
June 22, 2011

Green shading identifies location of death information – this information can be amended by either the funeral director or the medical certifier.

\*294137\*

TO BE COMPLETED BY FUNERAL FACILITY

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16. State or Foreign Country Oregon		17. Zip Code + 4 97111	18. Inside City Limits? Yes	
19. Marital Status at Time of Death Never married		20. Spouse's Name Prior to First Marriage		
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39. Date of Disposition TBD		40. Funeral Director's Signature Funeral Director		41. OR License Number CO-3002
42. Registrar's Signature		43. Date Received		44. Local File Number
45. Amendment Footnotes to items 1-39 go here. See back for examples of format.				

Grey hash marks show signatures, which can not be amended.

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 5:30 pm	
CAUSE OF DEATH							
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Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ a. Congestive Heart Failure					years
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ b.					
		Due to (or as a consequence of) ↓ c.					
		Due to (or as a consequence of) ↓ d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (mm/dd/yyyy)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Megan Smith 14300 SW Sam Jackson Park Rd. Portland, OR 9712							
63. Name and Title of Attending Physician (if Other than Certifier)							
64. Title of Certifier M.D.		65. License Number MD01234		66. Date Signed (mm/dd/yyyy) June 23, 2011			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and (due to its elusiveness) and (otherwise stated). Megan Smith							
68. Medical Examiner - On the basis of anatomical and/or investigation, in my opinion, death occurred at the time, date, and place, and (due to its elusiveness) and (otherwise stated).							
69. Amendment							
Footnotes to items 46-66 go here. See back for examples of format.							

PUBLIC HEALTH DIVISION  
Center for Health Statistics



Legend on back

FOR COUNTY USE ONLY  
**AMENDMENT TOOL - Death certificate**

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Medical but  
footnoted in #45

245874  
I.D. TAG NO.

STATE FILE NUMBER

2. Death Date  
June 22, 2011

1. Legal Name First: John Middle: Last: Doe Suffix:			2. Death Date June 22, 2011	
3. Sex Male	4. Age 56 years	5. Social Security Number 123-45-6789		6. County of Death Multnomah
7. Birthdate March 12, 1955		8. Birthplace Portland, Oregon		9. Decedent's Education High school grad. or GED
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 123 N Oak Street			14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon		17. Zip Code + 4 97111
18. Inside City Limits? Yes		19. Marital Status at Time of Death Never married		
20. Spouse's Name Prior to First Marriage			21. Usual Occupation Mason	
22. Kind of Business/Industry Construction		23. Father's Name James Doe		
24. Mother's Name Prior to First Marriage Martha Miller		25. Informant's Name Carla Doe		
26. Telephone Number Not Available		27. Relationship to Decedent Sister		28. Mailing Address 4477 N Prine Street, Portland, OR 94554
29. Place of Death Decedent's Residence			30. Facility Name	
31. Location of Death 123 N Oak Street		32. City/Town or Location of Death Portland		33. State Oregon
34. Zip Code + 4 97111		35. Method of Disposition Burial		
36. Place of Disposition Columbia Pioneer Cemetery			37. Location Portland, Oregon	
38. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365				
39. Date of Disposition TBD		40. Funeral Director's Signature <i>Funeral Director</i>		41. OR License Number CO-3002
42. Registrar's Signature		43. Date Received		44. Local File Number
45. Amendment				

Can only be changed in certain circumstances – see back

\*294137\*

TO BE COMPLETED BY FUNERAL FACILITY

Footnotes to items 1-39 go here. See back for examples of format.

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 5:30 pm	
CAUSE OF DEATH							
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.							Approximate Interval: Onset to Death
Final disease or condition resulting in death→		IMMEDIATE CAUSE ↓ a. Congestive Heart Failure				years	

Red shading and a call-out bubble warns of items that can only be amended in certain situations. An explanation is on the back, which we will cover shortly.

The back of the certificate contains a legend that explains what each of the colored boxes or shaded areas means.

There is also an explanation of when items that are shaded red are able to be amended.



FOR COUNTY USE ONLY  
**LEGEND**



Personal items that can be amended by an affidavit from a licensed funeral director for the facility submitting the record



Medical items that can be amended by an affidavit from the medical certifier listed on the record

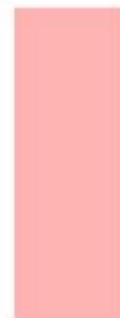


Signatures

Items that cannot be amended



Location of death can be amended by *either* the funeral director *or* the medical certifier listed on the record.



**Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

**Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

**For a change to one of these items consider:**

1. Did an affidavit requesting this change accompany the record when it was submitted?
2. Is this a minor spelling error?

If the answer to both questions is no, then you should contact the Death Corrections Specialist at the state office for review of the request.

**Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

## What if...

The death record is brought to you by a courier and the funeral director faxes you an affidavit, which you receive before you sign and stamp the record?

*The affidavit did not accompany the record. Only minor spelling errors should be changed without first consulting the Death Corrections Specialist.*

**Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

## What if...

The death record is mailed to you and before you receive it, the funeral director brings you an affidavit?

*The affidavit did not accompany the record. Only minor spelling errors should be changed without first consulting the Death Corrections Specialist.*

**Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

## What if...

You receive an envelope in the mail from the funeral home containing a death record to be registered and an affidavit, but the funeral director forgot to sign?

*The affidavit did accompany the record when it was submitted for initial filing. Once it becomes legally sufficient (by the funeral director signing it) the change can be made.*



**Marital Status & Spouse Name, Informant, Funeral Home** – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

## What is a minor spelling error?

Spouse's Name: Jameson Carvalho to Jamison Carvalo



Marital Status: Divorced to Never Married



Spouse's Name: Becca Fu to Rebecca Fox



Informant's Name: Meriweather Lewis to Merrywethor Lewis



Things to remember regarding footnotes:

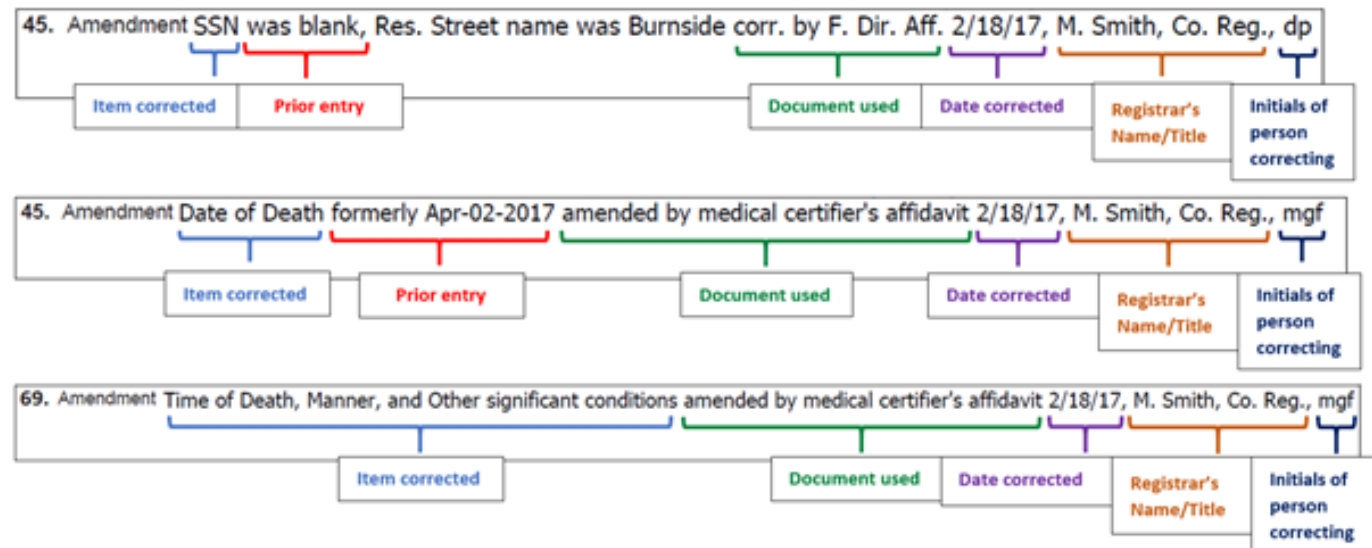
Do not use the medical footnote section as an overflow for personal footnotes.

Footnotes must be typed.

### **Footnotes (45 & 69)**

All changes to an original record must be documented with a footnote. If you do not have a typewriter or do not have room to type the footnote in the correct footnote box, send the original record and affidavit to the state. Do not issue from the uncorrected record and do not change the record without adding a footnote. Wait for the record to be registered by the state, then issue the corrected record electronically. Footnotes must be specific enough for someone to tell exactly what was changed without seeing the affidavit – for example “Last Name formerly Jones” is not specific enough because several last names appear on a death record.

#### **Examples:**





# What if the medical certifier crossed out and initialed?

The amendment tool says: “All changes to an original record must be documented with a footnote.”

## What do I do if the medical certifier crossed something out and initialed next to it?

*Use your best judgement. Generally when a medical certifier makes a minor error as they fill out their section, if they cross out the information and initial next to it, no affidavit would be required. If an affidavit is not required, neither is a footnote.*

# Contact information

**Death Corrections Specialist | 971-673-1163 | [CHS.Amendments@state.or.us](mailto:CHS.Amendments@state.or.us)**

The final section of the amendment tool is contact information for the Death Corrections Specialist.

This is who you will contact for questions regarding non-medical changes to death records, whether an affidavit is legally sufficient, and for timing dependent items that require review at the state.

# Q & A Break



# Example scenarios

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## Scenario 1

A funeral directors brings you a death record to be filed. Later that day, she faxes you a legally sufficient affidavit to change the city of death from Sandy to Estacada. The affidavit is signed only by the medical certifier.

**Can this change be made?**

**Where would it be footnoted?**

**What would the footnote look like?**

“City of death was Sandy corr. by **medical certifier aff.**  
12/4/17 S. Olson, Co. Reg., rs”

## Scenario 2

A record is brought in to you to be filed, along with a legally sufficient affidavit signed by the funeral director that is listed on the record. The affidavit is to change the funeral home from ABC Funeral Services to XYZ Burial and Cremation, and to change the funeral director to a funeral director from XYZ Burial and Cremation.

**Can the funeral home be changed?**

**Can the funeral director be changed?**

## Scenario 3

A funeral director submits a death record to you for filing. Later that day before you sign the record or issue any certificates, they bring you an affidavit to change the informant's name from Jose Rosales Cruz to Josie Rosales Cruz and the informant's relationship from Son to Daughter.

**Can these changes be made?**

**If the informant relationship was not being changed, would you be able to change the name?**

## Scenario 4

A funeral director submits a death record to you for filing along with an affidavit to change the date of death and time of death. The affidavit is signed only by the funeral director.

**Can these changes be made?**

**If the medical certifier listed on the record signs the affidavit, where would you footnote the changes?**



# Final Questions?



# Upcoming Webinars

Our next webinar will focus on storing records.

We will keep you up to date with more information by email.



# Frequent Contacts

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OVERS Help Desk  
971-673-0279

[CHS.Amendments@state.or.us](mailto:CHS.Amendments@state.or.us)

**Thank you!**