

DISTRICT # \_\_\_\_\_  
 REGISTER # \_\_\_\_\_  
 STATE FILE # \_\_\_\_\_

**STATE OF NEW YORK  
 DEPARTMENT OF HEALTH  
 VITAL RECORDS SECTION**

**Medical/Burial Death Correction Report**

Name of Deceased		Date of Death MONTH DAY YEAR	Place of Death		
<b>DISPOSITION</b>	20A. <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> HOLD <input type="checkbox"/> DONATION <input type="checkbox"/> ANATOMICAL GIFT		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:		
	21A. NAME AND ADDRESS OF FUNERAL HOME:		21B. REGISTRATION NUMBER:		
	22A. NAME OF FUNERAL DIRECTOR:		22B. SIGNATURE OF FUNERAL DIRECTOR:		
	23A. SIGNATURE OF REGISTRAR:		23B. DATE FILED: MONTH DAY YEAR		
		24A. BURIAL OR REMOVAL PERMIT ISSUED BY:		24B. DATE ISSUED: MONTH DAY YEAR	
<b>CERTIFIER</b>	25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. <small>Certifier's Name: License No.: Signature: Month Day Year</small>				
	25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year				
	25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:				
	26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year		26B. Deceased last seen alive by attending physician: Month Day Year		26C. Pronounced Dead by M.E. or Coroner: ON Month Day Year AT Time M
	27. MANNER OF DEATH: <input type="checkbox"/> 1 NATURAL CAUSE <input type="checkbox"/> 2 ACCIDENT <input type="checkbox"/> 3 HOMICIDE <input type="checkbox"/> 4 SUICIDE <input type="checkbox"/> 5 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 6 PENDING INVESTIGATION		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES		29A. AUTOPSY? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 REFUSED
	29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES				
<b>CONFIDENTIAL    SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH    CONFIDENTIAL</b>					
<b>CAUSE OF DEATH</b>	30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. IMMEDIATE CAUSE: (A)				
	DUE TO OR AS A CONSEQUENCE OF: (B)				
	DUE TO OR AS A CONSEQUENCE OF: (C)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (A):				
	31A. IF INJURY, DATE: MONTH DAY YEAR		31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:
31F. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> 1 Driver/Operator <input type="checkbox"/> 2 Passenger <input type="checkbox"/> 3 Pedestrian <input type="checkbox"/> 4 OTHER (specify)		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES		33A. IF FEMALE: <input type="checkbox"/> 0 Not pregnant within last year <input type="checkbox"/> 1 Pregnant at time of death <input type="checkbox"/> 2 Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 3 Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 4 Unknown if pregnant within past year	
				31E. INJURY AT WORK? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES	
				33B. DATE OF DELIVERY: MONTH DAY YEAR	

**Affirmation to be completed by Funeral Director (Item 20A-24B) or Certifying Physician (Item 25A-33B):**

I affirm under penalties for perjury that the information given in the facsimile of the certificate of death for the deceased person identified above is true and correct information to be added to the original certificate of death and the local registrar's record.

Signature	Title or Relationship to Deceased	Date
-----------	-----------------------------------	------

**To be completed by registrar of vital statistics:**

The above information has been added to the local record of death on file in this office.

Registrar's Signature	District Number	Date
-----------------------	-----------------	------