



# Funeral Director's Handbook for Death Certificate Corrections

# CORRECTING AN ILLINOIS DEATH CERTIFICATE

The death certificate is a permanent legal record and it provides important personal information about the decedent, the circumstances, and the cause of death. This information has many uses related to the settlement of the decedent's estate. It is important that all persons involved with the registration of deaths strive not only for complete registration, but also for accuracy and promptness in reporting these events.

Protecting the integrity of the state's Vital Records is the responsibility of the Division of Vital Records (DVR). Occasionally, a death record will need to be corrected after it is registered. Neither the State, nor the Local Registrar, has the authority to correct a death record without a written request from an individual entitled to correct the record. DVR will evaluate the evidence submitted in support of any requested amendment to a death record. The contents of this handbook should be used as a guide; however, the Illinois Vital Records Act and the Illinois Vital Records Code will guide the final decision regarding corrections to a death certificate. Please review the following details before submitting a correction request for a registered death record to ensure that 1) you are submitting the request to the correct department and 2) you are submitting the correct request for the information that you need changed.

***Minor corrections will be reviewed in the order received and processed within 4 business days. Proper documentation is required at the time of the request to prevent delays.***

## Types of Certificates

### Medical Certificate of Death

- Certified by a licensed Physician
- Corrections can be made by the local registrar or DVR

### Coroner's Certificate of Death

- Certified by the Coroner/Medical Examiner where the death occurred
- Corrections are made by the Coroner/Medical Examiner within the first year
- After one year, any correction to a Coroner's Certificate becomes a major amendment made only by DVR

## Individual Correction Processes

### Minor Corrections

- For Licensed Funeral Directors
- On Funeral home letterhead or minor correction form
- Faxed to the Local Registrar or DVR within one year from date of death
- See Appendix C for contact information

### Major Amendment

- Approved/completed only by DVR
- Applies to all fields on a death record that occurred more than one year ago, and other specific conditions detailed on the following pages
- Must submit an Affidavit, \$15 fee, ID of requestor, and proof
- See Appendix C for contact information

### Replacement Certificates

- Can be used to correct any information on a death certificate
- Offered only within the first 30 days from date of registration by the Local Registrar
- See Appendix A: Death Certificate Replacement Procedure

FIELD NAME	CORRECTION CRITERIA
<b>DECEDENT'S LEGAL NAME</b>	<p><b>FIRST NAME:</b>  <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p> <p><b>MIDDLE NAME:</b>  <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p> <p><b>LAST NAME:</b>  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>ALIAS NAME(S)</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>SEX</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>NOTE:</b> For sex to be changed as a "Minor", the change must be justified by the given name of the decedent.  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>DATE OF DEATH</b>	<p><b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>COUNTY OF DEATH</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>DATE OF BIRTH</b>	<p><b>MINOR:</b> Minor if the change does NOT change the age of the decedent by more than 2 years.  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>CITY OR TOWN (of death)</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>HOSPITAL OR INSTITUTION NAME</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>PLACE OF DEATH</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>BIRTHPLACE</b>	<p><b>MINOR:</b> Within 1st year of the death, if correction does not change country of birth, submit minor correction form.  <b>REPLACEMENT CERTIFICATE:</b> When country changes and proof is not available, issue a Replacement if within 30 days from the date registered.  <b>MAJOR:</b> See page 1 for instructions.  <b>NOTE:</b> If the correct information was originally entered in IVRS and then inadvertently changed (scroll mouse errors), contact our office and we can check the IVRS audit log for documentation.</p>
<b>SOCIAL SECURITY NUMBER</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>

FIELD NAME	CORRECTION CRITERIA
<b>MARITAL STATUS AT DEATH</b>	<b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>SURVIVING SPOUSE/CIVIL UNION PARTNER</b>	<b>FIRST NAME:</b> <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.  <b>MIDDLE NAME:</b> <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.  <b>LAST NAME:</b> <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>EVER IN U.S. ARMED FORCES?</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>RESIDENCE</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>FATHER/CO-PARENT'S NAME</b>	<b>FIRST NAME:</b> <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.  <b>MIDDLE NAME:</b> <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.  <b>LAST NAME:</b> <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>MOTHER/CO-PARENT'S NAME</b>	<b>FIRST NAME:</b> <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.  <b>MIDDLE NAME:</b> <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.  <b>LAST NAME:</b> <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.



FIELD NAME	CORRECTION CRITERIA
<b>INFORMANT'S NAME</b>	<p><b>FIRST NAME:</b>  <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p> <p><b>MIDDLE NAME:</b>  <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p> <p><b>LAST NAME:</b>  <b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>NOTE:</b> If the correction of the informant's name does not change the identity of the informant due to spelling/phonetic errors, it will be classified as a Minor Correction. If the correction would completely change the informant to another person, it will be classified as a Major Amendment (unless the informant is related to the surviving spouse or decedent and shares the last name).  <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>INFORMANT'S RELATIONSHIP</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>INFORMANT'S MAILING ADDRESS</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>METHOD OF DISPOSITION</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>NOTE:</b> When a registered record's Disposition Type is changed from any other type of disposition to cremation, the Funeral Director must get a paper cremation permit from the Coroner's/Medical Examiner's Office authorizing the cremation. Once the paper permit is secured, submit it to our office with a minor correction form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>PLACE OF DISPOSITION</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>LOCATION OF DISPOSITION</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>DATE OF DISPOSITION</b>	<p><b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>FUNERAL HOME NAME &amp; ADDRESS; FUNERAL DIRECTOR'S SIGNATURE &amp; LICENSE NUMBER</b>	<p><b>MINOR:</b> If death occurred less than 1 year ago, submit one MINOR CORRECTION FORM and a letter from both the initial Funeral Home authorizing the release and receiving Funeral Home accepting the transfer.  <b>NOTE:</b> Funeral Directors authorized in IVRS under multiple Funeral Homes can request an update to the Funeral Home of record without having to secure a letter.</p>
<b>CAUSE OF DEATH (Parts 1 &amp; 2)</b>	<p><b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>WAS AN AUTOPSY PERFORMED?</b>	<p><b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>
<b>AUTOPSY FINDINGS/CAUSE OF DEATH</b>	<p><b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions.  <b>MAJOR:</b> See page 1 for instructions.</p>

FIELD NAME	CORRECTION CRITERIA
<b>TOBACCO CONTRIBUTE?</b>	<b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>IF FEMALE (pregnancy status)</b>	<b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>MANNER OF DEATH</b>	<b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>DATE OF INJURY, TIME, PLACE, WORK, LOCATION, DESCRIPTION, TRANSPORTATION</b>	These fields are only available on a Medical Examiner/Coroner's Certificates of Death. • Within the first year of the death, only the Medical Examiner/Coroner can make changes as a "Coroner's Amendment." Funeral Directors must submit their requests for corrections to the Medical Examiner/Coroner that certified the record. <b>MAJOR:</b> If death occurred more than 1 year ago, see page 1 for instructions.
<b>DID/DID NOT ATTEND THE DECEASED &amp; DATE</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>ME/CORONER CONTACTED?</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>DATE PRONOUNCED</b>	This field is only available on a Coroner's Certificates of Death. • Within the first year of the death, only the Coroner can make changes as a "Coroner's Amendment." Funeral Directors must submit their requests for corrections to the Coroner that certified the record. <b>MAJOR:</b> See page 1 for instructions.
<b>TIME OF DEATH</b>	<b>MINOR:</b> If death occurred less than 1 year ago, and the time of death does NOT change the date of death, submit Minor Correction Form. <b>REPLACEMENT CERTIFICATE:</b> If correction is within 30 days of registration and changes the date of death, see Appendix A for instructions. <b>MAJOR:</b> If the record was registered more than 30 days ago and the correction changes the date of death, see page 1 for instructions.
<b>CERTIFIER TYPE</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>NAME, ADDRESS, ZIP of PERSON COMPLETING ITEM 24 (Cause of Death)</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form when correcting a spelling error or typo on the address. <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>PHYSICIAN'S LICENSE NUMBER</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form when correcting the number and not changing the certifier. Include Professional Regulation printout showing the physicians name and license number. <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>TITLE OF CERTIFIER</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.

FIELD NAME	CORRECTION CRITERIA
<b>DATE CERTIFIED</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form if the request is supported by the original fax attestation attached to the record in IVRS. <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>SIGNATURE OF CERTIFIER</b>	<b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>DECEDENT'S EDUCATION</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>HISPANIC ORIGIN</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>DECEDENT'S RACE</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>REPLACEMENT CERTIFICATE:</b> See Appendix A for instructions. <b>MAJOR:</b> See page 1 for instructions.
<b>USUAL OCCUPATION</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.
<b>BUSINESS/INDUSTRY</b>	<b>MINOR:</b> Within 1st year of the death, submit Minor Correction Form. <b>MAJOR:</b> See page 1 for instructions.

## APPENDIX A

### DEATH CERTIFICATE REPLACEMENT PROCEDURE

The **Death Certificate Replacement Procedure** is available **ONLY** to Illinois-licensed Funeral Directors within **30 days** from the date the record was registered. The replacement option may be used to request a change to any field(s) on a death record and does not require any additional supporting evidence or documentation.

The State Registrar may decline to accept a replacement record if the changes do not protect the integrity of the record. If any conflict arises between the Illinois Vital Records Act/Illinois Vital Records Code and this document, the Act and Code will guide the decisions made to the death record.

To submit a Death Certificate Replacement:

1. Print a **blank** death worksheet from the Illinois Vital Records System (IVRS) blank forms menu. In the margin at the top of the worksheet, write the word "REPLACEMENT."
2. Complete the death worksheet with the correct information by hand or typewriter (*do not use a printed worksheet from IVRS since you are trying to correct errors*). Do **NOT** enter another record in IVRS; a paper worksheet or death certificate **MUST** be submitted.
3. Take the Replacement worksheet to be signed by the original certifier, or a physician in charge of the location where the original certifier was located. It must also be signed by the original funeral director, or a funeral director at the funeral home that filed the original record. **As required by the Illinois Vital Records Act and Code, all signatures must be original, ink signatures; faxed or digital signatures will not suffice.**

4. Include a cover letter on Funeral Home letterhead and signed by a funeral director at the funeral home that filed the original record, which describes only what information has changed (how it reads on the original record to how it should read on the corrected version). This letter must accompany the Replacement record.
5. Take the completed Replacement worksheet and the cover letter to the Local Registrar where the death was originally registered (unless the county of death is being changed, in which case this will need to be taken to the new county).
6. The local registrar **MUST** sign and date the completed death replacement worksheet and fax it with the cover letter describing the change(s) to the Division of Vital Records at 217-557-5155, "Attention Replacement Record." The Replacement record must be filed within 30 days from the date the initial record was registered. The Division will review the request and either accept or reject within 4 business days.

For questions about filing a Death Certificate Replacement, please write to us at [DPH.IVRS@illinois.gov](mailto:DPH.IVRS@illinois.gov).



## **APPENDIX B**

### **UPDATING MEDICAL EXAMINER (ME) STORAGE CASES**

The following procedure was developed for Funeral Directors who need to update a death record that was filed by the Coroner/Medical Examiner (ME) prior to the majority of the decedent history and/or disposition information being known.

**There are two types of ME STORAGE CASES.  
Procedures for each are described below.**

**1) The Medical Examiner/Coroner (MEC) is acting as Funeral Director ONLY (a physician is the certifier.)**

When the disposition is burial in Illinois and a physician is certifying the cause of death, a death record must be filed within 7 days from the date of death. To that end, the ME will file a paper death record with the local registrar within 7 days from the date of death, or within 72 hours of taking possession of the remains.

When a Funeral Director is contacted to make a removal of an ME Storage Case and the record has been filed, the ME will provide a copy of the death record that was filed along with the remains.

As a Funeral Director, DO NOT initiate a duplicate record in IVRS, instead, do the following:

- a. Print a blank death worksheet from the Illinois Vital Records System (IVRS) blank forms menu.
- b. Enter the name of the decedent, date of death, and county of death.
- c. Complete ONLY the fields on this blank worksheet that need added to or changed in IVRS, including the Funeral Home name and address and the name of the Funeral Director that is signing the record. If the disposition is changing from burial to cremation, you must get a paper cremation permit from the ME to include with your fax.
- d. Write "ME STORAGE CASE" across the Cause of Death section of the worksheet.
- e. Take or Fax the worksheet (and cremation permit, if appropriate) to the Local Registrar in the registration district where the record was originally filed.
- f. The Local Registrar will fax to the Division of Vital Records for processing.
- g. The Division will only update the fields entered on the worksheet.

**2) The Medical Examiner/Coroner is BOTH the certifier and the Funeral Director.**

Since the MEC is the Certifier, you must contact the MEC with the information that needs to be changed and they will log in to IVRS and amend the record as a Death Coroner's Amendment.

## APPENDIX C VITAL RECORDS CONTACT INFORMATION

CONTACT	Phone Hours		PHONE NUMBER / PROMPT E-MAIL
Fax minor and Replacement	Monday – Friday 8:30 AM – 4:30 PM (excluding state holidays)	<ul style="list-style-type: none"> <li>• Minor corrections (primary)</li> <li>• Replacement certificates</li> </ul>	1-800-237-1945/ #2 - #3 DPH.IVRS@illinois.gov DPH.VITALS@illinois.gov
Major Amendment Unit	Monday – Friday 10 AM – 3 PM (excluding state holidays)	<ul style="list-style-type: none"> <li>• Major corrections</li> <li>• Minor corrections (secondary)</li> </ul>	1-217-782-6554 / #3 - #1 DPH.IVRS@illinois.gov DPH.VITALS@illinois.gov
IVRS Helpdesk	Monday – Friday 8:30 AM – 4:30 PM (excluding state holidays)	<ul style="list-style-type: none"> <li>• IVRS log-in problems / invalid credentials</li> <li>• Password re-set</li> <li>• Having trouble printing from IVRS</li> </ul>	1-866-220-5247 DPH.HELPDESK@illinois.gov

### Additional Information

For additional information, please visit our website at:

<http://dph.illinois.gov/topics-services/birth-death-other-records/death-records>



# Minor Correction of a Death Certificate

Please include a copy of current photo identification of the person requesting the correction.  
Please print or type clearly.

## DEATH CERTIFICATE INFORMATION

Decedent's name (as presently listed on Certificate): \_\_\_\_\_

Date of Death: \_\_\_\_\_ State File Number: \_\_\_\_\_

### I REQUEST THE FOLLOWING CORRECTION(S) TO THE ABOVE DEATH CERTIFICATE:

_____	_____	<b>should read</b>	_____
Field Name (ex: Decedent's SSN)	INCORRECT information		CORRECT Information
_____	_____	<b>should read</b>	_____
Field Name	INCORRECT information		CORRECT Information
_____	_____	<b>should read</b>	_____
Field Name	INCORRECT information		CORRECT Information

## REQUESTOR INFORMATION

Funeral Director Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Funeral Director's  
Written Signature \_\_\_\_\_ Date: \_\_\_\_\_

Fax the completed form and a copy of the requestor's photo identification to: 217-557-5155

Name on record AFTER change: Last, First, Middle  
(Staff use only)

Office making correction  
(Staff use only)

Date of Correction