

**PETITION FOR AMENDMENT  
OF A  
A DEATH CERTIFICATE**

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**Using This Revisable PDF Form**

1. Prepared by petitioner.
2. Attachments – copy of application to State Registrar, if applicable.
3. Preparation details- none.

PETITION FOR AMENDMENT  
OF A  
A DEATH CERTIFICATE

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**Data Elements**

1. Court case number.
2. Name of decedent.
3. Date of decedent's death.
4. Place of decedent's death.
5. Certificate or state filing number of decedent's death certificate.
6. County or City where decedent resided as of date of death.
7. Check box if requesting the court to issue an order for amendment of death certificate. Check the applicable box(es) for information to be changed on death certificate and provide requested information. If not requesting the court to issue an order for amendment of death certificate, proceed to element no. 8.
8. Check box if previously applied to the State Registrar and are requesting the court to issue an order compelling the State Registrar to amend the death certificate.
9. Date of petitioner's signature.
10. Petitioner's signature.
11. Petitioner's printed name.
12. Petitioner's mailing address.
13. Check box indicating relationship of petitioner to the deceased.
14. City or county name, date acknowledged and name and title of person, including commission expiration date if notary, clerk or deputy clerk taking acknowledgement. Not filled out online.

**PETITION FOR AMENDMENT OF  
A DEATH CERTIFICATE**  
COMMONWEALTH OF VIRGINIA VA. CODE § 32.1-269.1

Case No. **1** .....

In re: **2** .....  
NAME OF DECEDENT

**3** .....  
DATE OF DEATH

**4** .....  
PLACE OF DEATH (CITY OR COUNTY)

**5** .....  
CERTIFICATE NUMBER OR STATE FILE NUMBER

**6** .....  
COUNTY OR CITY IN WHICH DECEDENT RESIDED AS OF THE DATE OF DEATH

**7** {  The undersigned petitioner requests the court to issue an Order for Amendment of a Death Certificate

Changing the name of the deceased from ..... to  
.....

Changing the name of the deceased's  parent(s) or  spouse  
from ..... to .....  
from ..... to .....

Changing the name of the informant from ..... to  
.....

Changing the marital status of the deceased from ..... to  
.....

and, if applicable,  add or  delete ..... as the deceased's spouse.  
NAME

Changing the place of residence of the deceased from .....  
STREET ADDRESS CITY OR TOWN COUNTY STATE OR  
(IF APPLICABLE) FOREIGN COUNTRY

to .....  
STREET ADDRESS CITY OR TOWN COUNTY STATE OR  
(IF APPLICABLE) FOREIGN COUNTRY

a jurisdiction outside the Commonwealth.

**OR**

**8**  The undersigned petitioner, having previously applied to the State Registrar for an amendment to a death certificate, which application was denied, requests the Court to issue an Order compelling the State Registrar to amend the death certificate. (Attach a copy of application and any supporting evidence submitted to State Registrar.)

**9** .....  
DATE

**10** .....  
SIGNATURE OF PETITIONER

**11** .....  
PRINT NAME OF PETITIONER

**12** .....  
MAILING ADDRESS OF PETITIONER

**13** { Relationship of petitioner to deceased:  
 surviving spouse  immediate family member  
 attending funeral service licensee  
 other reporting source .....

**14** { Commonwealth/State of .....  City  County of .....

Acknowledged, subscribed and sworn to/affirmed before me this ..... day of ....., 20 .....

by .....  
PRINT NAME OF SIGNATORY

.....  
DATE

CLERK  DEPUTY CLERK  NOTARY PUBLIC My commission expires  
Registration No. ....