

\$5 for each replacement certificate.

## **CENTER FOR HEALTH STATISTICS**

P.O. Box 14050 Portland, Oregon 97293-0050

File #:	
Z #:	

If correcting name(s) please indicate if first, middle  Item # or entry to be corrected:  Orig  I, (we), being duly sworn upon oath do hereby decla of the above death. It is a Class C felony for any per application for an amendment of a death record.  Informant's signature:  Printed name:  Address:	lle, or last name.  ginal record now shows:  Corrected item should show:  are that this affidavit is made in order to provide a true and correct recorderson to make any false statement or supply false information in an  Date signed:
PLACE OF DEATH:  Print/type information clearly.  If correcting name(s) please indicate if first, middle  Item # or entry to be corrected:  Orig  I, (we), being duly sworn upon oath do hereby decla of the above death. It is a Class C felony for any per application for an amendment of a death record.  Informant's signature:  Printed name:  Address:	ginal record now shows:  Corrected item should show:  are that this affidavit is made in order to provide a true and correct recorderson to make any false statement or supply false information in an
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Address:	
State of: County of:	
Notary's signature:	My commission expires:
☐ Next of kin signature:	Date signed:
Printed name:	
Address:	
-	My commission expires:
Notary's signature:	Seal/stamp:

45-27B (01/18)