PETITION FOR AMENDMENT OF A DEATH CERTIFICATE

Case No	
Case 1 (0)	
DATE C	F DEATH
CERTIFICATE NUMBER OR S'	ΓΑΤΕ FILE NUMBER
O AS OF THE DATE OF DEATH	
Amendment of a Death Certific	cate
	to
spouse	
	to
	to
	the deceased's spense
NAME	the deceased's spouse.
COUNTY	STATE OR
(IF APPLICABLE)	FOREIGN COUNTRY
COUNTY	STATE OR
(IF APPLICABLE)	FOREIGN COUNTRY
Registrar for an amendment to a	
compelling the State Registrar ence submitted to State Registrar	
met submitted to suite registra	,
SIGNATURE OF PETITIO	NER
PRINT NAME OF PETITIO	NFR

COMMONWEALTH OF VIRGINIA VA. CODE § 32.1-269.1

ın re:	NAME OF DECEDENT		DATE OF DEATH		
PLACE OF DEATH (CITY OR COUNTY)			CERTIFICATE NUMBER OR STATE FILE NUMBER		
	COUNTY OR CITY	IN WHICH DECEDENT RESIDED A	S OF THE DATE OF DEATH		
[] The un	dersigned petitioner requests the c	ourt to issue an Order for A	mendment of a Death Certif	icate	
[]	Changing the name of the decea			to	
[]	Changing the name of the decea				
	from	to			
	from	to			
[]	Changing the name of the inform	mant from		to	
[]	Changing the marital status of the			to	
	and, if applicable, [] add or []			s the deceased's spouse	
[]	Changing the place of residence	of the deceased from			
	STREET ADDRESS	CITY OR TOWN	COUNTY (IF APPLICABLE)	STATE OR FOREIGN COUNTRY	
	toSTREET ADDRESS	CITY OR TOWN	COUNTY	STATE OR	
	a jurisdiction outside the Comm	onwealth.	(IF APPLICABLE)	FOREIGN COUNTRY	
which a	dersigned petitioner, having previous previous denied, requests thate. (Attach a copy of application	ne Court to issue an Order co	ompelling the State Registra	r to amend the death ar.)	
			PRINT NAME OF PETITIONER		
			MAILING ADDRESS OF PE	TITIONER	
		[] surviv [] attend	ip of petitioner to deceased: ing spouse [] immediate faing funeral service licensee reporting source	•	
Commonwe	ealth/State of	[] City [] County of		
Acknowled	ged, subscribed and sworn to/affir	med before me this	day of	, 20	
by		PRINT NAME OF SIGNATOR			
DATE			ERK [] DEPUTY CLERK [ARY PUBLIC My commission expi	res	
			Registration No		