

DEATH

Application for Certified Copy of Maryland Death Record Maryland Department of Health • Division of Vital Records

DEATH

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

For Issuing Office Only	
<input type="checkbox"/> Photo ID	<input type="checkbox"/> Mailed

Date of Application: _____

NOTE: A copy of a death certificate may only be issued to applicants who have a direct and tangible interest in the content of the record as described in Code of Maryland Regulations (COMAR) 10.03.08.

PRINT or TYPE your name & CURRENT address.

Name: _____ Your relationship to the person named on the Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____ - _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; passport). If you do not have a Government-issued photo ID, read and sign the following statement: I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: _____

PRINT or TYPE information below with regard to the individual named on the requested certificate:

Name of Decedent: _____

Date of Death: _____ Age at death: _____ Sex: Male Female
(Month/Day/Year)

Place of Death: _____
(County or Baltimore City)

Name of funeral home: _____

Reason for requesting certificate: _____

ORDER INFORMATION

Number of certificates requested	
Fee for first paid copy*	\$10
Fee for each additional copy	\$12
Amount enclosed	

There is a non-refundable fee of \$10 for the first copy of a death certificate purchased in a single transaction.* There is a fee of \$12 for each additional copy of the same certificate purchased in the same transaction. Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a copy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, legible copy of ID, a self-addressed, stamped envelope, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a death record in person, on line, by telephone or by fax. For further information, visit the Vital Statistics Administration website at <http://health.maryland.gov/vsa>.

*There is no fee for: (a) A copy of a certificate of a current or former armed forces member that is requested by the member; or (b) A copy of a certificate of a current or former armed forces member or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.

To obtain death records for genealogical purposes, contact the Maryland State Archives in Annapolis (telephone number 410-260-6400).