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.

Date of Application:		For Issuing Office Only
		Photo ID Mailed
NOTE: A copy of a death certificate may only be issued to appl record as described in Code of Maryland Regulations (COMAI representative, beneficiaries, and those with a business need or	R) 10.03.08. This includes surviving	
PRINT or TYPE your name & CURRENT address. Name:	Your relationship to the per named on the Certificate:	son
Address:City:		Zip:
Daytime phone number: ()		
do not have a government-issued photo ID and that I am presen address as proof of identification. (Note: These documents mus stub, bank statement, copy of income tax return/W-2 form, letter agreement. Please submit photocopies since these documents will:	t include two of the following: Utili from a government agency request	ity bill, car registration form, pay ing a vital record, or lease/rental
address as proof of identification. (Note: These documents mus stub, bank statement, copy of income tax return/W-2 form, letter agreement. Please submit photocopies since these documents will 1D, the certificate(s) will be mailed to the address listed on the docu ENTITLEMENT DOCUMENTATION REQUIRED: The requescertificate for a surviving relative, a letter of administration or an other business need documentation. For further information, visi www.health.maryland.gov/vsa.	at include two of the following: Utilifrom a government agency request not be returned to you. If you do not ments that you present.) ster must present documentation sufficiently at the Vital Statistics Administration	nat include my name and current ity bill, car registration form, pay ting a vital record, or lease/rental t have a Government-issued photo uch as a birth or marriage ving relative or a court order or
address as proof of identification. (Note: These documents mus stub, bank statement, copy of income tax return/W-2 form, letter agreement. Please submit photocopies since these documents will 1D, the certificate(s) will be mailed to the address listed on the docu ENTITLEMENT DOCUMENTATION REQUIRED: The requescertificate for a surviving relative, a letter of administration or at other business need documentation. For further information, visi www.health.maryland.gov/vsa. Signature:	at include two of the following: Utility from a government agency request mot be returned to you. If you do not ments that you present.) ster must present documentation surthorization of release from a survisit the Vital Statistics Administration	nat include my name and current ity bill, car registration form, pay ting a vital record, or lease/rental t have a Government-issued photo uch as a birth or marriage ving relative or a court order or
address as proof of identification. (Note: These documents mus stub, bank statement, copy of income tax return/W-2 form, letter agreement. Please submit photocopies since these documents will 1D, the certificate(s) will be mailed to the address listed on the docu ENTITLEMENT DOCUMENTATION REQUIRED: The requescertificate for a surviving relative, a letter of administration or at other business need documentation. For further information, visi www.health.maryland.gov/vsa. Signature: Name of Decedent:	at include two of the following: Utility from a government agency request mot be returned to you. If you do not ments that you present.) It was present documentation sure uthorization of release from a survivity the Vital Statistics Administration	nat include my name and current ity bill, car registration form, pay ting a vital record, or lease/rental t have a Government-issued photo uch as a birth or marriage ving relative or a court order or
address as proof of identification. (Note: These documents musstub, bank statement, copy of income tax return/W-2 form, letter agreement. Please submit photocopies since these documents will a ID, the certificate(s) will be mailed to the address listed on the documents. ENTITLEMENT DOCUMENTATION REQUIRED: The requestificate for a surviving relative, a letter of administration or an other business need documentation. For further information, vision www.health.maryland.gov/vsa. Signature: Name of Decedent: Outcome tax return/W-2 form, letter agreements will a letter of administration or an other business need documentation. For further information, vision www.health.maryland.gov/vsa. Signature: Name of Decedent: (Month/Day/Year)	at include two of the following: Utility from a government agency request mot be returned to you. If you do not ments that you present.) It was present documentation sure uthorization of release from a survisity the Vital Statistics Administration.	nat include my name and current ity bill, car registration form, pay ting a vital record, or lease/rental t have a Government-issued photo uch as a birth or marriage ving relative or a court order or a website at

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, <u>legible copy of ID</u>, <u>documentation of entitlement</u>, 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 or online. For further information, visit the Vital Statistics Administration website at www.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.