DEATH

Application for Certified Copy of Maryland Death Record Maryland Department of Health and Mental Hygiene • 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.

		Fo	r Issuing Office Onl
ate of Application:		□ P	Photo ID
NOTE: A copy of a death certificate may only be interest in the content of the record as described			0
RINT or TYPE your name & CURRENT address.			
ame:		hip to the person Certificate:	
ddress:			
ity:	State:		Zip:
aytime phone number: (E-mail Address:		
o not have a government-issued photo ID and that I am pldress as proof of identification. (Note: These document ub, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these document. D, the certificate(s) will be mailed to the address listed on the	ts must include two of the fo letter from a government ag s will <u>not</u> be returned to you.	llowing: Utility bill, car gency requesting a vital If you do not have a Go	my name and curr r registration form, p record, or lease/ren
Idress as proof of identification. (Note: These document ub, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents, the certificate(s) will be mailed to the address listed on the gnature:	ts must include two of the for letter from a government as s will <u>not</u> be returned to you. e documents that you present.	llowing: Utility bill, car gency requesting a vital If you do not have a Go)	my name and curr r registration form, p record, or lease/ren
Iddress as proof of identification. (Note: These document tub, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents, the certificate(s) will be mailed to the address listed on the gnature: PRINT or TYPE information below with regard to the individual.	ts must include two of the for letter from a government as s will not be returned to you. The documents that you present. dual named on the requested c	llowing: Utility bill, car gency requesting a vital If you do not have a Go) ertificate:	my name and curr r registration form, p record, or lease/ren
Iddress as proof of identification. (Note: These document tub, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents. It is certificate(s) will be mailed to the address listed on the gnature: PRINT or TYPE information below with regard to the individual Name of Decedent:	ts must include two of the for letter from a government as s will not be returned to you. The documents that you present. dual named on the requested c	llowing: Utility bill, car gency requesting a vital If you do not have a Go) ertificate:	e my name and curr r registration form, p l record, or lease/ren overnment-issued ph
Iddress as proof of identification. (Note: These document tub, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents. It is certificate(s) will be mailed to the address listed on the gnature: PRINT or TYPE information below with regard to the individual Name of Decedent:	ts must include two of the for letter from a government as s will not be returned to you. The documents that you present. I dual named on the requested c	llowing: Utility bill, car gency requesting a vital If you do not have a Go) ertificate:	e my name and curr r registration form, p l record, or lease/ren overnment-issued ph
Iddress as proof of identification. (Note: These document ub, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents. O, the certificate(s) will be mailed to the address listed on the gnature: PRINT or TYPE information below with regard to the individual Name of Decedent: Date of Death: (Month/Day/Year)	ts must include two of the for letter from a government as s will not be returned to you. The documents that you present. It will named on the requested compared at death:	llowing: Utility bill, car gency requesting a vital If you do not have a Go) ertificate: Sex: Male Femal	e my name and curr r registration form, p l record, or lease/ren overnment-issued ph
Iddress as proof of identification. (Note: These document tob, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents. O, the certificate(s) will be mailed to the address listed on the gnature: PRINT or TYPE information below with regard to the individual Name of Decedent: Date of Death: (Month/Day/Year) Place of Death: (County or Baltimore City)	ts must include two of the for letter from a government as s will not be returned to you. The documents that you present. I dual named on the requested company at death:	llowing: Utility bill, car gency requesting a vital If you do not have a Go) ertificate: Sex: Male Femal	e my name and curr r registration form, p r record, or lease/ren overnment-issued ph
Iddress as proof of identification. (Note: These document tob, bank statement, copy of income tax return/W-2 form, greement. Please submit photocopies since these documents. O, the certificate(s) will be mailed to the address listed on the gnature: PRINT or TYPE information below with regard to the individual Name of Decedent: Date of Death: (Month/Day/Year) Place of Death: (County or Baltimore City)	ts must include two of the for letter from a government as s will not be returned to you. The documents that you present. It will named on the requested compared at death:	<i>l</i> ()) = e	llowing: Utility bill, can ency requesting a vital If you do not have a Go

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>, 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://www.vsa.state.md.us/vsa/html/apps.html.

*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).