

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: _____

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) 10.03.01.07.

PRINT or TYPE your name & CURRENT address:

Applicant's name: _____ Applicant's relationship to person named on the certificate: _____

Applicant's 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:

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

Table with 2 columns: Field Name, Value. Fields include Number of certificates requested, Fee per copy*, and Amount enclosed.

A non-refundable \$12 fee is required for each copy of a certificate.* Send check or money order. Do not send cash when applying by mail. When paying by check, you must include a photocopy 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 website of the Vital Statistics Administration 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.