

**DEATH**

**Application for Certified Copy of Maryland Death Record**  
Maryland Department of Health and Mental Hygiene • Division of Vital Records

**DEATH**

Photo identification provided

Receipt # \_\_\_\_\_ Certificate #: \_\_\_\_\_

Mailed

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 record 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 your name & CURRENT address.**

Name: \_\_\_\_\_ Your relationship to the person named on the Certificate: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PHOTO ID REQUIRED:** The individual requesting the record should submit a legible copy of his/her VALID U.S. GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; U. S. passport). If you do not have a U. S. 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 information below with regard to the individual named on the requested certificate:**

Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at death: \_\_\_\_\_ Sex: (Circle One): Male Female  
(Month/Day/Year)

County of Death: \_\_\_\_\_  
(County)

Name of funeral home: \_\_\_\_\_

Reason for requesting certificate: \_\_\_\_\_

Number of Copies you want (\$20.00 for first copy, \$22 for each additional copy) \_\_\_\_\_

\*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.

Vital records verification \_\_\_\_\_ Vital records verification \_\_\_\_\_