

DEATH

Application for a Death Certificate

Print or Type

INTERNAL USE ONLY

Date:	Initials:		
Delivery:	<input type="checkbox"/> P	<input type="checkbox"/> PO	<input type="checkbox"/> M
Status:	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> A

PART 1: APPLICANT

My current legal name: _____
(First) (Middle) (Last) (Suffix)

Street: _____ Email address: _____

City: _____ State: _____ Zip code: _____ Daytime phone: _____

MY RELATIONSHIP TO PERSON NAMED ON DEATH RECORD: _____

Applicants must be 18 years of age or older or an emancipated minor to apply.

Intended use of death certificate:

Insurance Social Security Financial institution Estate settlement Other: _____

(Please specify other reason.)

PART 2: DEATH CERTIFICATE BEING REQUESTED Please complete as much information as possible.

NAME AT DEATH			DATE OF DEATH	
_____ (First) (Middle) (Last) (Suffix)				
SEX	SOCIAL SECURITY NUMBER		AGE AT DEATH	DATE OF BIRTH
Male Female				
PLACE OF DEATH			FUNERAL HOME	
_____ (State) (County) (City/borough/township)				
PARENT/MOTHER'S NAME				
_____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)				
PARENT/FATHER'S NAME				
_____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)				

PART 3: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of one of the following:

A valid driver's license or other government-issued photo ID that includes my mailing address. If applying by mail, the address on my ID matches the mailing address listed above.
Expired IDs cannot be accepted.

I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement). See www.health.pa.gov/MyRecords/Certificates for further information.

PART 5: SIGNATURE OF APPLICANT

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

(Signature) (Date)

Signature must agree with the name listed in Part 1 of this form.

PART 4: FEE

Make check or money order payable to "VITAL RECORDS."

Certificate cost: \$20.00

Quantity: X _____

Total: _____

Fee waiver request — member of the U.S. armed forces

The fee is waived if the applicant is requesting the certificate for a decedent who died in active service or was honorably discharged from service; OR if the decedent's spouse is actively serving or was honorably discharged from service. The applicant must also meet one of the following criteria:

I am the spouse of or represent a dependent child of the decedent.

I am the executor or administrator of the decedent's estate.

Armed forces member name: _____

Service number: _____

Rank and branch of service: _____

HOW TO APPLY

Order from Pa.'s only authorized online provider at www.vitalchek.com or by phone at 866-712-8238 (credit cards accepted).

Order in person at a **Pennsylvania Vital Records** branch office in Erie, Harrisburg, New Castle, Philadelphia, Pittsburgh or Scranton. Delivery ranges from same day to five days based on public office processing time.

Order by mail: Send application, identification and payment to:

**Department of Health
Division of Vital Records
PO Box 1528
New Castle, PA 16103**