H105.102 REV 11/2017

Application for Certified Copy of Death Record

DEATH **Pennsylvania Department of Health ♦ Division of Vital Records** **DEATH**

PART 1: 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. (Note: Signature must agree with name listed in Parts 2 and 5 of this form.)

Signature of person making request *(Do not print)*: _____

Signature required on **ALL** requests. Must be 18 years of age or older to apply. If under 18, immediate family member must request record.

PART 2: PRINT or **TYPE** name of individual requesting record and his/her **current mailing address**.

Relationship to Person *(If attorney, please indicate representation)*

Name: _____ Named on Record: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Daytime phone number: (_____) _____ - _____ E-mail Address: _____

Intended Use of Certified Copy: *(Documentation required verifying your direct interest if you are not related to the decedent or are not the attorney for the estate)* ☐ Social Security/Benefits ☐ Insurance ☐ Financial Institution ☐ Genealogy ☐ Estate Settlement ☐ Other (List reason: _____)

PART 3: PRINT or **TYPE** information below regarding person who died: **Number of copies:** _____

Name at Death: _____ (First) _____ (Middle) _____ (Last) Sex: ☐ Male ☐ Female

Date of Death: _____ (Month/Day/Year - Records available from 1906 to the present) **Place of Death:** _____ (County) _____ (City/Boro/Twp. in Pennsylvania)

Social Security #: _____ Age at Time of Death: _____ Date of Birth: _____

Mother's or Parent A's Name: _____ (First) _____ (Middle) _____ (Last prior to marriage) _____ (Current last)

Father's or Parent B's Name: _____ (First) _____ (Middle) _____ (Last prior to marriage) _____ (Current last)

Funeral Director: _____

PART 4: DEATH: $20.00 each. *If fee is required, make check/money order payable to:* **VITAL RECORDS.**

Fees may be waived for individuals and their dependents who served or are currently serving in the Armed Forces *(complete the following)*:

Armed Forces Member's Name: _____ Service Number: _____

Relationship to Armed Forces Member: _____ Rank and Branch of Service: _____

PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED

- **Individual requesting record must include a legible copy of his/her valid government issued photo ID that verifies name and mailing address as listed in Part 2 above.**
- Examples: State issued driver's license or non-driver photo ID *(if address has been changed, include copy of update card).*
- If possible, enlarge photo ID on copier by at least 150% (copies of ID will be shredded upon review).
- If acceptable ID not available, visit our website at www.health.pa.gov/MyRecords/Certificates for further information.

Mail with self-addressed, stamped envelope to:

Division of Vital Records
ATTN: Death Unit
PO Box 1528
New Castle, PA 16103

Print or type name and address in the space provided below
(Must agree with name and current address in Part 2 and ID documentation):

Name
Street
City, State, Zip Code

You are welcome to visit one of our offices in the following cities in Pennsylvania:

- **Erie:** 1910 West 26th Street
- **Harrisburg:** Forum Place 555 Walnut St., 1st Floor
- **Philadelphia:** 110 North 8th Street (Suite 108)
- **Pittsburgh:** 411 7th Avenue (Suite 360)
- **Scranton:** Scranton State Office Bldg. (Room 112), 100 Lackawanna Avenue

For EXPEDITED ON-LINE ORDERING or additional information, visit our website: www.health.pa.gov/MyRecords/Certificates