

Application for Multi-Year Search of Death Record

DEATH

Pennsylvania Department of Health ♦ Division of Vital Records

(Records available from 1906 to the present)

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 of person making request: _____

Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.

PRINT or **TYPE** your name & address.

Name: _____ Relationship to Person Named on Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Reason for Request: _____

PHOTO ID REQUIRED: The individual requesting the record must send a legible copy of his/her VALID GOVERNMENT ISSUED PHOTO ID which will be shredded after review. (Examples: State issued driver's license or non-driver photo ID with requestor's current address. If possible, enlarge photo ID on copier by at least 150%.

The Division of Vital Records offers a multi-year **DEATH** search procedure to those who do not know the exact date of death. An eligible applicant can request a "search" to have two to ten death years alphabetically indexed for a fee of \$45.00 (fee includes one certification). Additional spans of two to ten years are indexed at a rate of \$25.00. The Division has death records that were registered in Pennsylvania from 1906 to the present.

I request Vital Records to index the years _____ through _____ for the death record of:
(Beginning year) (Ending year)

Name at Death: _____ Sex: Male Female

Place of Death: _____ Social Security #: _____
(County) (City/Boro/Township in Pennsylvania)

Age at Time of Death: _____ Date of Birth: _____ Occupation: _____

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: _____ Place of Burial: _____

Residence at Time of Death: _____ Spouse's Name: _____

Provide any additional information, if known, to assist our office in locating this record:

Other: _____

Make check or money order payable to: VITAL RECORDS. Mail this completed application, a self-addressed stamped envelope and a legible copy of ID to: Division of Vital Records, 101 South Mercer St., PO Box 1528, New Castle, PA 16103.

You are welcome to visit our website: www.health.pa.gov/MyRecords/Certificates