

Funeral Home 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 - FUNERAL HOME THAT OWNS THE CASE

Funeral director or authorized representative name: _____
(First) (Middle) (Last) (Suffix)

Funeral home name: _____ License number: _____

Street: _____ Email address: _____

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

Relationship to the death record:

Original owner of the case Inherited the case due to change of ownership Other: _____
(Please specify other reason.)

PART 2: DEATH CERTIFICATE BEING REQUESTED

NAME AT DEATH _____ (First) (Middle) (Last) (Suffix)			DATE OF DEATH _____		
SEX Male Female	SOCIAL SECURITY NUMBER _____		AGE AT DEATH _____	DATE OF BIRTH _____	
PLACE OF DEATH _____ (State) (County) (City/borough/township)			FILING METHOD (complete one) Paper -- Registrar file date: _____ EDRS -- Case ID: _____		
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 the following:

- A valid driver's license or other government-issued photo ID.
Expired IDs cannot be accepted.

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 match the name listed in Part 1 of this form.

PART 4: FEE

Payment Options:

- Check or money order payable to "VITAL RECORDS" (required if applying by mail)
- Debit card (available if picking up at a Vital Records Public Office)
- Invoice (invoices will be generated monthly)
- Fee waiver request — member of the U.S. armed forces.

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 the following criteria:

- I am an authorized representative for the funeral home that owns the case.

Armed forces member name: _____

Service number: _____

Rank and branch of service: _____

HOW TO APPLY

Order by email: RA-DHBHSRVetDeath@pa.gov

Order by fax: 717-724-6931

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

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

Quantity Required	
Certificate cost:	\$20.00
Quantity:	X _____
Total:	_____