

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 _____ <small>(First) (Middle) (Last) (Suffix)</small>			DATE OF DEATH _____	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER _____	AGE AT DEATH _____	DATE OF BIRTH _____	
PLACE OF DEATH PA _____ <small>(State) (County) (City/borough/township)</small>			FUNERAL HOME _____	
PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ <small>(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)</small>				
PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ <small>(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)</small>				

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 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.certificates.health.pa.gov for further information.

PART 4: FEE

If applying by mail, submit a check or money order payable to "VITAL RECORDS."

If applying in person, you may pay by credit card, check or money order.

Fee waiver request:

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's name: _____

Service number: _____

Rank and branch of service: _____

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

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.

HOW TO APPLY

APPLY ONLINE AT MYCERTIFICATES.HEALTH.PA.GOV

To order by mail, send application, identification and payment to:

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