**Request for Certification of a Death Record**

**Type or print in ink**

This form is used by a government agency to request certification of a death record. If a death certificate is needed, then submit an [Application for a Death Certificate](https://www.health.pa.gov/topics/Documents/Certificates%20and%20Records/Application%20for%20a%20Death%20Certificate.pdf) along with a subpoena or other documentation to support direct interest in obtaining the certificate.

**FAX TO:**

724-656-3224

**MAIL TO:**

PA Department of Health
Bureau of Health Statistics and Registries

Division of Vital Records

PO Box 1528

New Castle, PA 16105

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| **PART 1: CONTACT INFORMATION** |
| Type of Government Agency: [ ]  Federal Agency [ ]  State Agency [ ]  County Agency [ ]  Municipal Agency  |
| Agency/Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Agency/Office Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |
| Agency/Office Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART 2: SUBJECT’S INFORMATION TO LOCATE RECORD** |
| **SUBJECT’S NAME ON DEATH RECORD** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **(First Name) (Last Name)** |
| **SEX**[ ]  **MALE** [ ]  **FEMALE** | **DATE OF BIRTH** | **DATE OF DEATH** | **COUNTY OF DEATH** | **SOCIAL SECURITY NUMBER** |
| **PART 3: SUBJECT’S INFORMATION THAT NEEDS CERTIFIED** |
| Select only the information your agency needs certified. |
| [ ]  Subject’s First Name[ ]  Subject’s Last Name[ ]  Sex  | [ ]  Date of Birth[ ]  Date of Death[ ]  County of Death |
| **PART 4: PURPOSE OF REQUEST** |
| [ ] To close case file on the subject[ ] Other purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART 5: ACCEPTABLE FORMS OF IDENTIFICATION** |
| [ ] Attach a copy of an unexpired government photo ID and a copy of an employment ID issued by the agency in Part 1. A letter on agency letterhead will be accepted as an alternative for the employment ID.  |
| **PART 6: SIGNATURE** |
| 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 penalties of 18 Pa.C.S.§4904 relating 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 penaltities for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Signature of individual listed in Part 1) (Date)** |
| **CERTIFICATION TO BE COMPLETED BY THE DIVISION OF VITAL RECORDS** |
| The Division of Vital Records has determined the following: |
| [ ] A record for the subject was found: **State File Number -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **File Date -** \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  The information in Part 2 matches the requested certification as listed in Part 3[ ]  The information in Part 2 does not match the requested certification as listed in Part 3[ ]  A record for the subject was not found[ ] Insufficient information was provided in Part 2 to conduct this certification.Certifier’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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