**Request for Verification of a Death Certificate**

**Type or print in ink**

This form is used by a government agency to request verification of authenticity of a death certificate.

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| **PART 1: CONTACT INFORMATION** |
| Type of Government Agency:  Federal Agency  State Agency  County Agency  Municipal Agency |
| Agency/Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Agency/Office Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Agency/Office Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART 2: SUBJECT’S DEATH CERTIFICATE** |
| Attach a copy of the death certificate. |
| **PART 3: 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 4: 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)** |

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| **VERIFICATION TO BE COMPLETED BY THE DIVISION OF VITAL RECORDS** | |
| The Division of Vital Records has determined the following: |
| The death certificate is authentic  The information on the death certificate matches the official death record on file.  The information on the death certificate matches an earlier version of the death record on file (which   has been amended since this death certicate was issued).  The death certificate is not authentic – Please submit the certificate in your possession to us so that we can   further investigate. Send to the address located at the bottom of this form along with a copy of this form.  The information on the death certificate has been altered and does not match the official or an earlier   version of the death record on file.  The death certificate may be fraudulent and/or represents a fictitious individual. No record is on file   that matches the information listed on this death certificate.  Certifier’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**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