

# Application for Certified Copy of Death Record

Pennsylvania Department of Health ♦ Division of Vital Records

# DEATH

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**PART 1:** 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. (Note: Signature must agree with name listed in Parts 2 and 5 of this form.)

Signature of person making request (*Do not print*): \_\_\_\_\_  
 Signature required on ALL requests. Must be 18 years of age or older to apply. If under 18, immediate family member must request record.

**PART 2:** PRINT or TYPE name of individual requesting record and his/her current mailing address.

Name: \_\_\_\_\_ Relationship to Person (If attorney, please indicate representation) \_\_\_\_\_  
 Named on Record: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Intended Use of Certified Copy:** (Documentation required verifying your direct interest if you are not related to the decedent or are not the attorney for the estate)  Social Security/Benefits  Insurance  Financial Institution  Genealogy  Estate Settlement  
 Other (List reason: \_\_\_\_\_)

**PART 3:** PRINT or TYPE information below regarding person who died: **Number of copies:** \_\_\_\_\_  
 Name at Death: \_\_\_\_\_ Sex:  Male  Female

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
 (Month/Day/Year - Records available from 1906 to the present) (County) (City/Boro/Twp. in Pennsylvania)

Social Security #: \_\_\_\_\_ Age at Time of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Full Maiden Name of Mother: \_\_\_\_\_  
 Full Name of Father: \_\_\_\_\_  
 Funeral Director: \_\_\_\_\_

**PART 4: DEATH: \$9.00 each.** If fee is required, make check/money order payable to: **VITAL RECORDS.**

Fees may be waived for individuals and their dependents who served or are currently serving in the Armed Forces (complete the following):  
 Armed Forces Member's Name: \_\_\_\_\_ Service Number: \_\_\_\_\_  
 Relationship to Armed Forces Member: \_\_\_\_\_ Rank and Branch of Service: \_\_\_\_\_

**PART 5: VALID GOVERNMENT ISSUED PHOTO ID REQUIRED**

- ♦ Individual requesting record must include a legible copy of his/her valid government issued photo ID that verifies name and mailing address as listed in Part 2 above.
- ♦ Examples: State issued driver's license or non-driver photo ID (if address has been changed, include copy of update card).
- ♦ If possible, enlarge photo ID on copier by at least 150% (copies of ID will be shredded upon review).
- ♦ If acceptable ID not available, visit our website at [www.health.state.pa.us/vitalrecords](http://www.health.state.pa.us/vitalrecords) for further information.

Mail with self-addressed, stamped envelope to:

Division of Vital Records  
 ATTN: Death Unit  
 PO Box 1528  
 New Castle, PA 16103

Print or type name and address in the space provided below  
 (Must agree with name and current address in Part 2 and ID documentation):

Name
Street
City, State, Zip Code

- You are welcome to visit one of our offices in the following cities in Pennsylvania
- ♦ **Erie:** 1910 West 26<sup>th</sup> Street
  - ♦ **Harrisburg:** Forum Place  
555 Walnut St., 1<sup>st</sup> Floor
  - ♦ **New Castle:** Central Bldg. (Room 401)  
101 South Mercer Street
  - ♦ **Philadelphia:** 110 North 8<sup>th</sup> Street  
(Suite 108)
  - ♦ **Pittsburgh:** 411 7<sup>th</sup> Avenue  
(Suite 360)
  - ♦ **Scranton:** Scranton State Office Bldg.  
(Room 112), 100 Lackawanna Avenue