

DEATH

Application for a Death Certificate

Print or Type

INTERNAL USE ONLY

Date: _____ Initials: _____
Delivery: P PO M
Status: S R 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				DATE OF DEATH
(First)	(Middle)	(Last)	(Suffix)	
SEX	SOCIAL SECURITY NUMBER			AGE AT DEATH
<input type="checkbox"/> Male <input type="checkbox"/> Female				DATE OF BIRTH
PLACE OF DEATH				FUNERAL HOME
PA (State)	(County)			(City/borough/township)
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 one 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.health.pa.gov/MyRecords/Certificates for further information.

PART 4: FEE

Quantity required

Certificate cost: \$20.00

Quantity: X

Total: _____

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 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 name: _____

Service number: _____

Rank and branch of service: _____

HOW TO APPLY

Order from Pa.'s only authorized online provider at www.vitalchek.com or by phone at 866-712-8238 (credit cards accepted).

Order in person at a Pennsylvania Vital Records branch office in Erie, Harrisburg, New Castle, Philadelphia, Pittsburgh or Scranton. Delivery ranges from same day to five days based on public office processing time.

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

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

(Signature)

(Date)

Signature must agree with the name listed in Part 1 of this form.