Rev. 12/03

DEATH Application for Certified Copy of Death Record DEATH

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

(Records available from 1906 to the present)

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 of eligible person completing application: _____

Signature required on **ALL** requests. Must be 18 years of age or older to apply. If under 18, eligible requestor must sign above.

Eligible requestor must **print/type** his or her name and **CURRENT** address. (*Certificate will only be mailed to eligible requestor's name and address as reflected on credit card billing address.*)

Name: _____ Relationship to Person Named on Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (_____) _____- _____ E-mail Address: _____

Intended Use of Certified Copy: ☐ Social Security/Benefits ☐ Insurance ☐ Financial Institution ☐ Genealogy

☐ Estate Settlement ☐ Other (List reason: _____)

PHOTO ID REQUIRED: The individual requesting the record must fax a legible copy of his/her VALID GOVERNMENT ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address. If possible, enlarge photo ID on copier by at least 150%.)

PRINT or **TYPE** information below with regard to person named on requested certificate: **Number of copies:** _____

Name at Death: _____ Sex: ☐ Male ☐ Female

Date of Death: _____ **Place of Death:** _____

(Month/Day/Year) (County) (City/Boro/Township in Pennsylvania)

Social Security #: _____ Age at time of death_____ Date of Birth_____

Full Maiden Name of Mother: _____

Full Name of Father: _____

Funeral Director _____

***In addition to the cost of $9.00 per certified copy, there is a $8.00 service fee to utilize a credit card as method of payment. Complete this application and fax with legible copy of ID to:* (724) 652-8951**

Ship by: ☐ First Class Mail Express Carriers (*optional*): ☐ UPS* ☐ FedEx* ☐ U.S. Post Office Express Mail*

* Additional fee charged for express carrier services (UPS, FedEx and Express Mail). Signature required for express carrier delivery.

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Cardholder's Name: _____

Credit Card #: _____CVC: _____ Expiration Date:_____

Card Verification Code (CVC): Three-digit code is printed on the signature panel on the back of Visa and MasterCard debit/credit cards. Four-digit non-embossed code is located on the front of American Express cards.

$9.00 fee **may not** be required for active and inactive members of the Armed Forces and their dependents. If selecting express carrier, $8.00 service fee will be charged in addition to the express carrier charges. Please complete the following:

Armed Forces Member's Name: _____ Service Number: _____

Relationship to Armed Forces Member:_____ Rank and Branch of Service: _____

ON-LINE ORDERING and additional information available on our website: www.health.state.pa.us/vitalrecords