

# DEATH

## Application for Certified Copy of Death Record Pennsylvania Department of Health • Division of Vital Records (Records available from 1906 to the present)

# DEATH

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 person making request:** \_\_\_\_\_

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

**PRINT** or **TYPE** your name & **CURRENT** address. Relationship to Person  
Name: \_\_\_\_\_ 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 send 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** or passport. 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 \_\_\_\_\_

### DEATH: \$9.00 each

No fee may be required for death records of active or inactive members of the Armed Forces and their dependents. Please complete the following:

Armed Forces Member's Name: \_\_\_\_\_ Service Number: \_\_\_\_\_

Relationship to Armed Forces Member: \_\_\_\_\_ Rank and Branch of Service: \_\_\_\_\_

**If fee is required, make check or money order payable to: VITAL RECORDS. Complete this application and mail with legible copy of ID and a self-addressed stamped envelope to: Division of Vital Records, 101 South Mercer St., PO Box 1528, New Castle, PA 16101.**

You are welcome to visit one of our public offices in the following cities:

- ◆ New Castle, PA, 101 South Mercer St., Room 401.
- ◆ Philadelphia, PA, Philadelphia State Office Bldg, Room 1009, 1400 West Spring Garden St.
- ◆ Erie, PA, 1910 West 26<sup>th</sup> St.
- ◆ Pittsburgh, PA, Pittsburgh State Office Bldg, Room 512, 300 Liberty Ave.
- ◆ Harrisburg, PA, Health and Welfare Bldg, Room 129, 7<sup>th</sup> and Forster Sts.
- ◆ Scranton, PA, Scranton State Office Bldg, Room 112, 100 Lackawanna Ave.

**ON-LINE ORDERING** and additional information available on our website: [www.health.state.pa.us/vitalrecords](http://www.health.state.pa.us/vitalrecords)