

Office use only

Certificate #(s): _____

Copies: _____

Check #: _____ CC #: _____ Cash _____

Application for Certified Copy of Maryland Death Record

Date: _____

NOTE: A copy of a death certificate may only be issued to applicants who have a direct and tangible interest in the content of the record as described in Code of Maryland Regulations (COMAR) 10.03.07

"Any person who willfully uses or attempts to use the requested certificate(s) for fraudulent or deceptive purposes is guilty of a fine not exceeding \$500.00 in accordance with Maryland Health-General Article, Annotated Code, Section 4-227."

Name of Deceased: _____
(First) (Middle) (Last)

Sex: _____ **Age of Death:** _____

Date of Death: _____
(Month) (Day) (Year)

Place of Death: _____
(City) (County)

Reason for Request: _____

There is no fee for:

(a) A copy of a certificate of a current or former armed forces member that is requested by the member; or

(b) A copy of a certificate of a current or former armed forces member of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or a beneficiary of the member. Proof of service in the armed forces must be provided.

A valid photo ID is required (drivers license, passport, or other photo ID).

If you are not the informant on the death certificate, proof of relation (birth certificate, obituary, bank statement, beneficiary information) is also required.

Applicant Information:

THE NUMBER OF CERTIFICATES REQUESTED: _____

Relationship to Deceased: _____

APPLICANT'S NAME: (Print): _____

APPLICANT'S SIGNATURE: _____

MAILING ADDRESS: _____

CITY AND STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____