



Application for Certified Copy of Maryland Death Record Prince George's County Vital Records

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

Date of Application: _____

Method of Payment

- ☐ Cash
☐ Money Order
☐ Debit/Credit

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) 10.03.08.

PRINT or TYPE your name & current address.

Name: _____ Relationship to the person
named on the Certificate: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ E-mail Address: _____

PHOTO ID REQUIRED: The individual requesting the record should submit 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; passport). **If you do not have a Government-issued photo ID, read and sign the following statement:** I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

Signature: _____

PRINT or TYPE information below with regard to the individual named on the requested certificate:

Name of Decedent: _____

Date of Death: _____ Age at Death: _____ Sex: ☐ Male ☐ Female
(Month/Day/Year)

Place of Death: _____

Name of Funeral Home: _____

Reason for Requesting Certificate: _____

ORDER INFORMATION

*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 or of a surviving spouse or child of the member, if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.

Fee for first paid copy*	\$25
Fee for each additional copy	____ X \$20

For Issuing Office Only
Certificate Number(s): _____