

Carroll County Health Department



Public Health
Prevent. Promote. Protect.

Application for Certified Copy of Maryland Death Record

For Issuing Office Only

Date: _____

of copies: _____

Amount \$: _____

Check #: _____

Receipt #: _____

Death Cert. #: _____

Photo ID Mailed

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

Signature of person making request: _____ Date of Application: _____

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 legibly your name & CURRENT address.

Name: _____ Your 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 non-expired, 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 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, pay stub, bank statement, income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. 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 legibly information or the individual named on the requested certificate:

Full Name of Decedent: _____ # of Certificates Requested: _____

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

Place of Death: _____ Name of funeral home: _____
(County or Baltimore City)

Reason for requesting certificate: _____

A non-refundable fee of \$18.00 is required for the first copy of a death certificate in a single transaction. There is a fee of \$20.00 for each additional copy of the same certificate purchased in the same transaction. The fee is waived for one copy for: (A) A current or former member of the Armed Forces of the United States; or (B) The 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 must be provided. You may also apply for a death record by mail or on-line. For more information, visit the Division of Vital Records website at dhmh.maryland.gov/vsa.

To obtain death records for genealogical purposes, contact the Maryland State Archives in Annapolis; phone number 410-260-6400.