

Application for a Death Certificate

HD02080F REV 03/25

DEATH

Certificate

Print or Type

INTERNAL USE ONLY			
Date:	Initials:		
Delivery:	<input type="checkbox"/> P	<input type="checkbox"/> PO	<input type="checkbox"/> M
Status:	<input type="checkbox"/> S	<input type="checkbox"/> R	<input type="checkbox"/> A

PART 1: APPLICANT Must be 18 years of age or older or an emancipated minor to apply.

My current legal name: _____
(First) (Middle) (Last) (Suffix)

Street: _____ Email address: _____

City: _____ State: _____ Zip code: _____ Daytime phone: _____

My relationship to person named on death record: _____

Type of Death Certificate:

- With Medical Information (such as manner and cause of death):** Typically used for life insurance and family medical history purposes. *Default certificate if none selected.*
- Without Medical Information:** Typically used for closures of bank and utility accounts, claiming pension benefits, and title transfers. *Only available for deaths that occurred after 2019.*

PART 2: DEATH CERTIFICATE BEING REQUESTED Please complete as much information as possible.

NAME AT DEATH _____ <small>(First) (Middle) (Last) (Suffix)</small>			DATE OF DEATH _____
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER _____	AGE AT DEATH _____	DATE OF BIRTH _____
PLACE OF DEATH PA _____ <small>(State) (County) (City/borough/township)</small>		FUNERAL HOME _____	
PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ <small>(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)</small>			
PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ <small>(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)</small>			

PART 3: ACCEPTABLE FORMS OF IDENTIFICATION

- I have included a legible photocopy of the following:
- A valid driver's license or other government-issued photo ID that includes my mailing address. If applying by mail, the address on my ID matches the mailing address listed above. **Expired IDs cannot be accepted.**
- I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement). Search "Acceptable ID" at www.pa.gov for further information.

PART 5: SIGNATURE OF APPLICANT

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) (Date)

Signature must match the name listed in Part 1 of this form.

PART 4: FEE

If applying by mail, submit a check or money order payable to "VITAL RECORDS."

If applying in person, you may pay by debit/credit card, check or money order.

Fee waiver request - member of the U.S. armed forces

The fee is waived if the applicant is requesting the certificate for a decedent who was in active service or a veteran; or the decedent was the spouse (includes widow/widower) of an active service member or veteran. Veteran means an individual who served in the U.S. armed forces and whose character of service is other than dishonorable per Act 137 of 2024. Applicant must also meet one of the following two criteria:

- I am the spouse of or represent a dependent child of the decedent.
- I am the executor or administrator of the decedent's estate.

Must include a copy of your (if spouse) or the decedent's Military ID or DD214 (or equivalent document) that demonstrates the required character of service.

HOW TO APPLY

APPLY ONLINE AT MYCERTIFICATES.HEALTH.PA.GOV

To order by mail, send application, identification and payment to:

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

Quantity Required	
Certificate cost:	\$20.00
Qty with Medical:	_____
Qty without Medical:	_____
Total Cost:	=====