

STATE OF MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE
DIVISION OF VITAL RECORDS
6550 REISTERSTOWN ROAD
BALTIMORE, MARYLAND 21215

Send Check or Money Order Payable to:
DIVISION OF VITAL RECORDS

APPLICATION FOR A COPY OF A DEATH CERTIFICATE

DATE: _____

NOTE: A non-refundable \$12 fee is required for each certificate requested. If the search provides no record, the \$12 fee is not returned, and a certificate of No Record will be issued. You may apply in person or by mail. When applying by mail, please enclose a self-addressed, stamped envelope. **DO NOT SEND CASH OR STAMPS.** We do not issue records prior to 1969 for genealogical purposes. If you desire a death certificate for genealogical purposes, please contact the Maryland Hall of Records, 350 Rowe Boulevard, Annapolis, MD 21401.

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

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

Place of death (**regardless of residence**): _____
(Town) (County)

Certificate Number (if known) _____

Reason for request: _____

Your relation to deceased: _____

If Fetal Death (Stillborn) please indicate _____

IMPORTANT: PLEASE INDICATE IN THE BOX BELOW THE NUMBER OF COPIES REQUESTED

CERTIFIED PHOTOCOPY

APPLICANT'S NAME (Print): _____

APPLICANT'S SIGNATURE: _____

MAILING ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NUMBER:() _____
area code (required if added information is necessary).

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