

STATE OF MARYLAND  
DEPARTMENT OF HEALTH & MENTAL HYGIENE  
DIVISION OF VITAL RECORDS  
6550 REISTERSTOWN ROAD  
BALTIMORE, MARYLAND 21215-0020

Send check or money order payable to:

**DIVISION OF VITAL RECORDS**

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**APPLICATION FOR A COPY OF A DEATH CERTIFICATE**

DATE: \_\_\_\_\_

NOTE: A non-refundable \$20.00 fee is required for each certificate requested. If the search provides no record, the \$20.00 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, 305 Rowe Boulevard, Annapolis, Maryland 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 BELOW THE NUMBER OF COPIES REQUESTED.**

**CERTIFIED PHOTOCOPY**

APPLICANT'S NAME (Print): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

PHONE 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 fine not exceeding \$500.00 in accordance with MD. Health-General Article, Code Ann., Section 4-227.