

Charles County Department of Health

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: \_\_\_\_\_

For Issuing Office Only
[ ] Photo ID [ ] Mailed

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 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 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: Social Security card, 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. 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 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: \_\_\_\_\_
(County or Baltimore City)

Name of funeral home: \_\_\_\_\_

Reason for requesting certificate: \_\_\_\_\_

ORDER INFORMATION

Table with 2 columns: Description, Amount. Rows include: Number of certificates requested, Fee for first paid copy\* (\$25), Fee for each additional copy (\$20), Amount enclosed.

You may apply for a death certificate copy at the health department in person only. There is a non-refundable fee of \$25 for the first copy of a death certificate purchased in a single transaction.\* There is a fee of \$20 for each additional copy of the same certificate purchased in the same transaction. Methods of payment are cash, check, money order, Visa or MasterCard. Checks should be made payable to Charles County Department of Health (or CCDH). When paying by check, you must include a copy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

You may also apply for a death record in person, by mail, on line, by telephone or by fax, at the Division of Vital Records in Baltimore. For further information, visit the Vital Statistics Administration website at https://health.maryland.gov/vsa or call 410-764-3038.

\*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.

To obtain death records for genealogical purposes, contact the Maryland State Archives in Annapolis (telephone number 410-260-6400) or on line at https://msa.maryland.gov.