



DEATH

Funeral Home Application for a 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 - FUNERAL HOME THAT OWNS THE CASE

Funeral director or authorized representative name: _____
(First) (Middle) (Last) (Suffix)

Funeral home name: _____ License number: _____

Street: _____ Email address: _____

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

Relationship to the death record: ☐ Original owner of the case ☐ Inherited the case due to change of ownership ☐ Other: _____
(Please specify.)

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

NAME AT DEATH _____ (First) (Middle) (Last) (Suffix)			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 _____ (State) (County) (City/borough/township)			FILING METHOD (complete one) Paper -- Registrar file date: _____ EDRS -- Case ID: _____	
PARENT/MOTHER'S NAME _____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)				
PARENT/FATHER'S NAME _____ (First) (Middle) (Last name prior to first marriage) (Current last) (Suffix)				

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.
Expired IDs cannot be accepted.

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.

HOW TO APPLY

Order in person: at a Vital Records public office

Order by mail: Send application, identification and payment to:

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

PART 4: FEE

Payment Options:

- ☐ Order in-person with check, money order, credit or debit card
- ☐ Order by mail with check or money order

Check and money orders should be made payable to "VITAL RECORDS".

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 whose character of service is other than dishonorable per Act 137 of 2024.

- ☐ I have enclosed a copy of the decedent's (or decedent's spouse's) Military ID or DD214 (or equivalent document) that demonstrates the required character of service.

Quantity Required

Certificate cost: \$20.00

Qty with Medical: _____

Qty without Medical: _____

Total Cost: _____