



Public Health
Prevent. Promote. Protect.

**Harford County
Health Department**

Harford County Health Department
120 S. Hays Street
P.O. Box 797
Bel Air, Maryland 21014-0797

FOR OFFICE ONLY: _____ Photo ID
_____ Mailed

Amount: _____

Payment Type _____

Receipt #: _____

Issued By: _____

**CERTIFICATES ARE ISSUED BETWEEN THE HOURS OF 8 A.M. AND 4 P.M.
MONDAY THROUGH FRIDAY**

Application for Copy of State of MARYLAND Death Certificate
WE DO NOT ACCEPT MAIL-IN APPLICATIONS

Fee (non-refundable) - \$16.00 for first copy - \$20.00 for each additional copy.

**** - ONLY - Cash or Credit Card are accepted - ****

Military Service (Veterans and Active Service Only) – No charge for one copy.

Provide a copy of DD214 or Military I.D.

PLEASE PRINT

Request Date: Mth _____ Day _____ Year _____

Name of Deceased: _____
First Middle Last

Date of Death: Month _____ Day _____ Year _____ Sex _____

Funeral Home: _____

Place of Death Regardless of Residence: Town _____ County _____

Reason for Request: _____

Your Relationship to Deceased: _____

PHOTO ID REQUIRED: The individual requesting the record should present a 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: 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 _____

IMPORTANT:

PLEASE INDICATE IN THE BOX BELOW NUMBER OF CERTIFIED COPIES REQUESTED.

[]

Applicant's Name (Print) _____

Applicant's Signature _____

Mailing Address _____

City and State _____

Zip Code _____ Telephone No. _____

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 Maryland Health General Article, Annotated Code, Section 4-221.