



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 cards are accepted - \*\***

**Military Service (Veterans and Active Service Only) – No charge for one copy.  
with DD214 or Military I.D.**

**PLEASE PRINT**

Request Date: \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_  
First Middle Last

Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Funeral home: \_\_\_\_\_

Place of death regardless of residence: Town: \_\_\_\_\_ County: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Your relationship to the 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.**

**Number of copies: [            ]**

**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.