

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

| FOR OFFICE ONLY: | Photo ID<br>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) - \$20.00

\*\* 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:  |  |  |  |
| Funeral home:   |  |  |  |
|   |  |  | County:  |
| Reason for request:   |  |  |  |
| Your relationship to the dec  | eased:   |  |  |
| do not have a government-issued p<br>photo ID and that I am presentin<br>(Note: These documents must inclu<br>return/W-2 form, letter from a gove | hoto ID, read and sign the fig the attached two documed two of the following: Uternment agency requestinged to you. If you do not have the you present.) | following statement:<br>tents that include n<br>tility bill, car registr<br>a vital record, or leve<br>a government-issu | to ID with requestor's current address; passport.) If you I declare that I do not have a government-issued my name and current address as proof of identification. Pation form, pay stub, bank statement, copy of income tax ase/rental agreement. Please submit photocopies since used photo ID, the certificate(s) will be mailed to the |
| IMPORTANT:<br>PLEASE INDICATE IN T<br>Number of copies: [   |  | NUMBER OI  | F CERTIFIED COPIES REQUESTED.  |
| Applicant's Name (Print)  |  |  |  |
| Applicant's Signature   |  |  |  |
| Mailing Address   |  |  |  |
| City and State  |  |  |  |
| Zip Code  |  |  |  |
| Telephone No  |  |  |  |