

Queen Anne's County Department of Health
206 N. Commerce Street, Centreville, MD 21617

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.

Only within 30 days of a death, copies of the record may be obtained from the local health department in which the funeral director filed the death certificate. After 30 days you must apply with the Maryland Division of Vital Records.

When applying in person, make check or money order payable to: Queen Anne's County Department of Health

Please Print

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: \_\_\_\_\_

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID GOVERNMENT-ISSUED PHOTO ID, Must have Issue and Expiration date, 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. 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: \_\_\_\_\_

Note: You may apply in person with required ID and a non-refundable \$25.00 fee for the first certificate copy, additional copies will be \$20.00 each, when obtained at the Queen Anne's County Department of Health.

To obtain death records for genealogical purposes, contact the Maryland State Archives in Annapolis (telephone number 410-260-6400).

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.

Applicant's Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Your relationship to the person named on the Certificate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please indicate in the box, the number of Copies.

First Copy \$25.00 [ ] Additional Copies \$20.00 [ ] Gratis Copy [ ]

Do Not Write Below

For Issuing Office Only
[ ] Photo ID [ ] Mailed

Administrative Use only:
Total Amount: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_
PAID: CASH \_\_\_\_/CHECK# \_\_\_\_/CC \_\_\_\_
CERTIFICATES#: \_\_\_\_\_
VOUCHER#: \_\_\_\_\_
DRIVER'S LIC# (if check): \_\_\_\_\_
INITIALS OF PERSON ISSUING \_\_\_\_\_
IN EVRS \_\_\_\_/\_\_\_\_/\_\_\_\_ IN EDRS \_\_\_\_/\_\_\_\_/\_\_\_\_