



# Death Certificate Application



Please follow the instructions below when submitting your application.

Please note: **THE D.C. REGISTRAR MAY, AT ANY TIME, REQUEST ADDITIONAL DOCUMENTATION TO HELP DETERMINE THE IDENTITY OR ELIGIBILITY OF THE APPLICANT.**

- A separate application form must be submitted for each individual certificate being requested, and a separate VitalChek Processing Fee is required for each separate application.  
("LexisNexis VitalChek Network Inc. is in partnership with the District of Columbia Dept. of Health to enable enhanced electronic processing of mail-in vital record applications.")
- Current identification (as listed on the table below) is required for each certificate being requested. Expired IDs will not be accepted.

SEND WITH COMPLETED APPLICATION

Choose 1 Primary ID and at least 2 Secondary IDs				
PRIMARY ID (1)	State-issued driver's license	State-issued non-driver's ID card	Passport or Passport Card	Employment Authorization Card
Permanent Resident Card	Military ID Card	Law Enforcement ID	Department of State Card	Government Employee ID

AND

SECONDARY ID (2 or more)	Copy of Signed Social Security Card	Unexpired Vehicle Registration/Title
	Social Security Disbursement Statement	Copy of Utility bill dated within last 60 days
	Certified court documents	Copy of Pay stub within last 30 days
	Previous year's W2	Hospital Newborn Discharge document related to a birth occurring within the last year
	Official correspondence from US Citizenship and Immigration Services	

- You must provide a legible photocopy or electronic image.
- If the name on the identification does not match the name on the certificate, the applicant must provide evidence of a legal name change. This may include a certified marriage certificate, certified divorce decree or a certified legal name change court order that reflects the history of the changes to the name(s) on the certificate(s) requested.

- Only the persons named on the certificate (Mother/Parent, Father/Parent, or Spouse/Domestic Partner), or a person entitled per the chart below are eligible to receive DC death certificates.

SEND WITH COMPLETED APPLICATION

Relationship to Deceased Person	Additional Documentation Required (in addition to the required identification listed above)
Sibling or Adult Child	Your certified birth certificate* supporting the stated relationship <sup>†</sup>
Grandparent	Your child's birth certificate* supporting the stated relationship <sup>†</sup>
Adult Grandchild	Your birth certificate* AND your parent(s) birth certificate* <sup>†</sup> supporting the stated relationship
Legal Guardian/Custodian	A certified court order, naming you as legal guardian or legal custodian
Law Enforcement	A copy of the valid guardianship papers certified by the court naming you as legal guardian
Attorney	Copy of retainer agreement, bar card and typed letter on firm's letterhead authorizing retrieval of the record.
Other	Proof of direct and tangible ** or legal need (court, insurance, or estate settlement documents)

<sup>†</sup>If the name on the identification does not match the name on the certificate, the applicant must provide evidence of a legal name change. This may include a certified marriage certificate, certified divorce decree or a certified legal name change court order that reflects the history of the changes to the name(s) on the certificate(s) requested.

\* For births that occurred in DC you do not need to provide your certificate. For births occurring outside of DC, you will need to provide a certified birth certificate as proof of relationship.

\*\* Direct & tangible interest means that your need for the certificate is related to personal or property rights.

- If the record you requested is not located, a "Certificate of Search" will be issued. As the request was processed and the certificate was searched for, both the Agency Certificate Fee and the VitalChek Processing Fee are non-refundable.
- Please mail your completed application, along with identification and additional documentation (if required) to:

Vital Record Mail Services  
 ATTN: DC Vital Records  
 P.O. Box 222130  
 El Paso, TX 79913

**For expedited order placement and processing please visit [www.VitalChek.com](http://www.VitalChek.com).**

Please do not include a pre-paid express mail envelope with your request. This will cause a delay in delivery. You must select a delivery method on the next page.

- Please allow 5 - 7 business days for your application to be received prior to calling our customer service department with any questions about your application. We can be reached at 1-877-572-6332.

**Restriction on Access to Death Certificates: Pursuant to D.C. Official Code § 7-231.25 (e)(3)(A), the Vital Records Division may issue a certified copy of a death certificate ONLY to an applicant that is entitled to the requested death certificate .**

**NOTE:** This form should be used ONLY by a person who is entitled to the death certificate.

### STEP 1: CERTIFICATE INFORMATION

<b>Full Name of Deceased Person</b>			
<small>first name</small>	<small>middle name</small>	<small>last name</small>	<small>suffix</small>
<b>Date of Death (MM/DD/YYYY)</b>	<b>Hospital</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Social Security Number (if known)</b>
<b>Reason for Request</b>			

### STEP 2: YOUR INFORMATION AND SHIPPING ADDRESS





<b>Your Full Name (Applicant)</b>			
<small>first name</small>	<small>middle name</small>	<small>last name</small>	<small>suffix</small>
<b>Your Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Your Relationship to the Deceased Person</b>	<b>Your E-mail Address</b>	<b>Daytime Phone Number</b>	
<b>Name and Address to Send Certificate (if different than noted above)</b>			
<small>first name</small>	<small>middle name</small>	<small>last name</small>	<small>suffix</small>
<b>Ship To Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Your Signature (Applicant)</b>			<b>Date of Application</b>

### STEP 3: COST

	Qty	Price/ea	Total
<b>NUMBER OF COPIES:</b>			
First copy	1	\$18.00	\$18.00
Additional copies (max 5)		x \$18.00	
<b>A TOTAL FOR ALL COPIES ABOVE</b>			<b>\$</b>
<b>SELECT DELIVERY METHOD (choose one):</b>			
<ul style="list-style-type: none"> <li>• UPS will not deliver to a P.O. Box</li> <li>• Processing time may take 7-10 business days</li> </ul>			
UPS Next Day Air		\$20.00	
UPS Alaska, Hawaii, Puerto Rico		\$40.00	
UPS to Canada or Mexico		\$26.00	
UPS Worldwide Expedited		\$36.50	
U.S. Postal Service Regular Mail		\$0.00	
<b>B TOTAL FOR SELECTED DELIVERY</b>			<b>\$</b>
<b>C TOTAL FOR VITALCHEK PROCESSING AND HANDLING FEE (non-refundable)</b>			<b>\$ 6.00</b>
<b>TOTAL AMOUNT DUE = A + B + C</b>			<b>\$</b>

### STEP 4: PAYMENT INFORMATION

**Select Payment Method:** *Submit separate payment for each Application*





 Credit Card
  Personal Check
  Money Order

**DO NOT SEND CASH**

**Credit Card Information:** *(if paying by Credit Card)*

\_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Charges will appear on your Credit Card statement as: VCN DC VITAL RECORDS*

**If paying by check or money order, make payable to VITALCHEK.**

### STEP 5: MAIL YOUR SIGNED AND COMPLETED FORM

**Please mail your completed form, along with ID and additional documentation (if required) to:**

Vital Record Mail Services  
ATTN: DC Vital Records  
P.O. Box 222130  
El Paso, TX 79913

Please do not include a pre-paid express mail envelope with your request. Select a delivery method from the box to the left.