

**Vital Records Division**  
**Death Certificate Request\***  
**For District of Columbia Occurrences Only**

**RESTRICTION: Family or legal representative only. For details, see page 2**  
**Mail-In Form**

1. Name of Deceased:
2. Social Security Number of Deceased:  -  -
3. Sex:  Male  Female
4. Date of Death:  /  /  (mm/dd/yyyy)
5. Death Certificate No: (if known)
- 6a. Total number of copies of certificate requested: @ \$18.00 each:
- 6b.(a) Number with cause of death included:
- (b) Number with cause of death omitted:
- 6c.Total Amount Enclosed: \$
7. Relationship to Deceased:  Mother  Father  Spouse  
 Other
8. Signature of Requester: \_\_\_\_\_
9. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Make Check/Money Order Payable to: DC Treasurer\*\***

Mail Certificate(s) to:

10. Name:
11. Address:
- 12.City/State/Zip Code
13. Day Phone: (required)

**\*Copy of Requester's Photo ID is Required!**

**Beginning January 1, 2009, all Mail-In requests must include a stamped self addressed return No. 10 (4 1/8" x 9 1/2 ") business size envelope.**

**The DC Treasurer requires that all checks have an address imprinted on them to be**

**accepted for deposit.**

**Instructions to be completed:**

1. Print, sign, date form and a copy of requester's photo ID
2. Enclose check / money order payable to: DC Treasurer
3. Mail to: **Government of the District of Columbia  
Department of Health  
Vital Records Division  
899 North Capitol Street, NE, First Floor  
Washington, DC 20002/ Phone: (202) 442-9303**

**Death Application Instructions**

**If record is not located a "Certificate of Search" will be issued and the payment for the search is non-refundable.**

The death transcript request form contains 13 questions. A separate copy of the request form should be completed for each person whose death record is being requested. However, multiple copies of a single death record may be requested on the same form.

**Items 1-4:** Information about the deceased.

**Items 5:** Information about the record being requested.

**Note:** Persons entitled to purchase a vital record birth or death certificate included:

- The registrant
- An immediate nuclear family member
- A legal guardian
- A legal representative

**Item 6a:** Please indicate the total number of certificates that you are requesting.

**Item 6b/a:** Please indicate the number of requested copies of certificates on which you wish to have the cause of death included.

**Item 6b/b:** Please indicate the number of requested copies of certificates on which you wish to have the cause of death omitted.

**Item 6c:** Please indicate the total amount of money that you are enclosing. This amount should equal the requested number of transcripts multiplied by \$18.

**If you send your request by mail, please enclose a check or money order payable to the DC Treasurer. The DC Treasurer requires that all checks must have an address imprinted on them to be accepted for deposit.** The cost of either type of transcript is \$18.

**Item 7:** The requester's relationship to the deceased.

**Item 8:** Please sign your signature once the mail-in form has been completed.

**Item 9:** Please date the form.

**Item 10:-13** Information about the designated recipient of the certificate(s).

After you print and sign your request, click the clear button to erase the data you have entered, mail the form and a copy of your picture ID with your payment to:

**Department of Health**

**Vital Records Division**

899 North Capitol Street, NE, First Floor

Washington, DC 20002

(202) 442-9303

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**RESTRICTION** on Access to Death Certificates: Pursuant to D.C. Official Code Sec. 7-220, the Vital Records Division may issue a certified copy of a death certificate ONLY to an applicant having a direct and tangible interest in the requested death certificate.

NOTE: This form should be used ONLY by a member of the registrant's immediate family, his/her guardian or legal representative.