

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, <u>OR</u> at least 3 Secondary IDs (if Primary ID is not available) | | |
|--|--|--|
| PRIMARY ID (1) | Valid, unexpired State-issued driver's license | Valid, unexpired Passport |
| | | Valid, unexpired State-issued ID Card (non-driver) |
| OR | | |
| SECONDARY ID (3 or more) | W-2 Form or current, filed tax form | Current utility bill showing full name and address |
| | Current pay stub | School ID with transcript |
| | Work ID with photo | Veteran ID |
| | Social Security Card with signature | Notarized letter from parent listed on certificate |
| | Voter Registration Card | Valid Department of Corrections ID Card with photo, accompanied by probation documents or discharge papers |
| | Court Order | Car registration or title with current name and address |
| | Military ID or Selective Service Card | Federal Government Census Record |

- Only immediate family members of the deceased person, or a legal representative, are eligible to receive DC death certificates. If you are not the deceased person's parent, spouse or the informant listed on the death certificate, you must also send additional documentation (as shown below) with your completed application to prove your relationship to the deceased person or to show your legal need to the certificate.

SEND WITH COMPLETED APPLICATION

| Relationship to Deceased Person | Additional Documentation Required (in addition to the required identification listed above) |
|---------------------------------|---|
| Sibling or Adult Child | A copy of your birth certificate, or documents showing your tangible interest to the certificate |
| Legal Guardian | A copy of the valid guardianship papers certified by the court naming you as legal guardian |
| Executor | A copy of the documentation declaring you Executor of the deceased person |
| Attorney | A signed document stating you have been retained by your client (such as a retainment or engagement letter), documentation establishing a legal or tangible interest in the record (such as court paperwork), or a letter (on official letterhead) stating your professional relationship to the deceased person named on the certificate being requested |
| Other | Documentation providing legal, tangible interest in the certificate being requested |

- 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:

**Department of Health
 Vital Records Division
 ATTN: New Applications Dept.
 899 North Capitol St., NE, 1st Floor
 Washington, DC 20002**

**For expedited order placement
 and processing please visit
www.VitalChek.com.**

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

District of Columbia Death Certificate Application

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 an immediate family member, or guardian / legal representative, of the deceased person.

STEP 1: CERTIFICATE INFORMATION

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

STEP 2: YOUR INFORMATION AND SHIPPING ADDRESS

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

STEP 3: COST

| | Qty | Price / ea | Total |
|---|--------|--------------|----------------|
| A Number of copies: (total for all copies below) | | | \$ _____ |
| First copy | 1 | \$18.00 | \$18.00 |
| Additional copies (max of 5) | | x \$18.00 ea | |
| Select Delivery Method (choose one): | | | |
| <ul style="list-style-type: none"> • UPS will not deliver to a P.O. Box • Processing time may take 7-10 business days | | | |
| B | | | \$ _____ |
| UPS Next Day Air | | \$20.00 | |
| UPS to 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 | |
| C Processing & Handling: (non-refundable) | | | |
| | | | \$ <u>6.00</u> |
| VitalChek Processing Fee | \$6.00 | | \$6.00 |

TOTAL AMOUNT DUE = A + B + C

\$ _____

STEP 4: PAYMENT INFORMATION

| | |
|--|---|
| Select Payment Method: <i>Submit separate payment for each Application</i> | |
| | <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order |
| DO NOT SEND CASH | |
| Credit Card Information: (if paying by Credit Card) | |
| _____ | _____ |
| Credit Card Number | Expiration Date |
| _____ | _____ |
| Cardholder's Signature | Date |
| <i>*****Charges will appear on your Credit Card statement as: VCN DC VITAL RECORDS</i> | |
| If paying by check or money order, make payable to VITALCHEK. | |

STEP 5: MAIL YOUR COMPLETED FORM

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

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 ATTN: New Applications Dept.
 899 North Capitol St., NE, 1st Floor
 Washington, DC 20002

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