

**COMMONWEALTH OF VIRGINIA  
APPLICATION FOR CERTIFICATION OF A DEATH RECORD**

FOR OVR USE ONLY

Virginia statutes require a fee of \$12.00 be charged for each certification of a vital record or for a search of the files when no certification is made. Please make check or money order payable to State Health Department. There is a \$50.00 service charge for returned checks.  
**IMPORTANT:** The person requesting the vital record must submit an enlarged, legible (readable) and clear photocopy of their identification. (See list on reverse side)

REQUESTER INFORMATION				DAYTIME PHONE NUMBER
NAME OF REQUESTER (PERSON COMPLETING THE APPLICATION)		EMAIL (Include to receive updates about your application)		<input type="checkbox"/> Check this box to receive text notifications. Message & data rates may apply. (For cell phone numbers only)
NAME OF BUSINESS, <i>if applicable</i>				
ADDRESS	CITY	STATE	ZIP CODE	
WHAT IS YOUR RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE?				
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT ONE <input type="checkbox"/> PARENT TWO <input type="checkbox"/> ADULT CHILD <input type="checkbox"/> CURRENT SPOUSE <input type="checkbox"/> ADULT SISTER <input type="checkbox"/> ADULT BROTHER <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT-GRANDCHILD <input type="checkbox"/> FUNERAL SERVICE LICENSEE <input type="checkbox"/> LEGAL REPRESENTATIVE ( <i>Submit proof</i> ) <input type="checkbox"/> OTHER ( <i>Specify</i> ) _____				
WHAT IS YOUR REASON FOR REQUESTING THIS CERTIFICATE? _____				

DEATH CERTIFICATE INFORMATION				
<i>(Definitions are listed on the back)</i>				
<i>(Check one)</i> <input type="checkbox"/> <b>Death Certificate</b> <input type="checkbox"/> <b>Verification of Death</b>				
TOTAL COPIES ORDERED _____ <small>Specify how many of each if ordering both types</small> Death Certificate _____ Verification of Death _____	NAME AT DEATH (first) (middle) (last) (suffix)			
DATE OF DEATH	AGE AT DEATH	PLACE OF DEATH ( <i>city or county in Virginia</i> )	HOSPITAL NAME (if any)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL MAIDEN NAME OF MOTHER OR PARENT ONE: (first) (middle) (last) (suffix)				(maiden name if any)
FULL NAME OF FATHER OR PARENT TWO: (first) (middle) (last) (suffix)				(maiden name if any)

Is an **amendment/correction** needed?    YES    NO   If YES, enter amendment code from the reverse side. Amendment Code: \_\_\_\_\_

CERTIFICATE OF BIRTH RESULTING IN A STILLBIRTH ( <i>Gestation must be 20 weeks or more</i> )				
NUMBER OF COPIES	NAME AT DEATH (if, applicable) (first) (middle) (last) (suffix)			
DATE OF DEATH	GESTATION AT DEATH <small>weeks</small>	PLACE OF DEATH ( <i>city or county in Virginia</i> )	HOSPITAL NAME (if any)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FULL MAIDEN NAME OF MOTHER OR PARENT ONE: (first) (middle) (last) (suffix)				(maiden name if any)
FULL NAME OF FATHER OR PARENT TWO: (first) (middle) (last) (suffix)				(maiden name if any)

I understand that making a **FALSE** application for a vital record is a **FELONY** under state and federal law. I certify and affirm that all information on this form is true and correct.  
**X SIGNATURE OF REQUESTER:** \_\_\_\_\_

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

Please indicate the address you wish the certificate(s) mailed to in the box below. Please type or print clearly.

NAME
ADDRESS
CITY/STATE/ZIP CODE

**Send Completed Application To:**  
 Office of Vital Records  
 P. O. Box 1000  
 Richmond, VA 23218-1000

**Contact Information:**  
 (804) 662-6200  
[www.vdh.virginia.gov/vital-records/](http://www.vdh.virginia.gov/vital-records/)

Submit one (1) document from the primary list **OR** two (2) documents from the secondary list. The State Registrar reserves the right (§32.1-271C) to accept or deny any application submitted.

The acceptable documents listed may change without prior notice.

ACCEPTABLE PRIMARY IDENTIFICATION LIST			
1.	Photo Driver's License issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year)	2.	Learners/Instruction Permit issue by U.S. state, territory or jurisdiction (unexpired or expired for not more than one year)
3.	Photo Identification Card issued by U.S. state, territory, or jurisdiction (unexpired or expired for not more than one year)	4.	Current Photo Identification Card - (school or employment with identification number; <i>check cashing cards are not acceptable</i> )
5.	Unexpired U.S. Military Card of an active duty or retired member	6.	U.S. Passport or passport card - unexpired
7.	Unexpired Foreign Passport with Visa, I-94 or I-94W	8.	U.S. Certificate of Naturalization (form N-550, N-570, N-578)
9.	US Certificate of Citizenship (form N-560, N-561)	10.	U.S. Citizen Identification Card (form I-197)
11.	Temporary Resident Card (unexpired form I-688)	12.	Employment Authorization Document (unexpired form I-766)
13.	Refugee Travel Document (unexpired form I-571)	14.	Resident Alien Card (unexpired form I-551)
15.	Permanent Resident Card (unexpired form I-551)	16.	Northern Marianas Card (unexpired form I-551)
17.	Asylum – A copy of the first and last page of application for Asylum	18.	Consular Report of Birth Abroad (form FS-240)
19.	Certification of Report of Birth of a U.S. citizen (DS-1350)	20.	Virginia Criminal Justice Agency Offender Information Form
21.	U.S. Probation Offender Information Form	22.	Certificate of Birth Abroad (FS-545)
ACCEPTABLE SECONDARY IDENTIFICATION LIST			
23.	U.S. Selective Service Card	24.	U.S. Military Discharge Papers (form DD214)
25.	Certified School Records/Transcript issued by a U.S. state or territory	26.	Certificate of Enrollment issued by Virginia Department of Education
27.	Life insurance policy	28.	Health care insurance card – (i.e. Medicare Card, Medicaid Card)
29.	Unexpired Welfare/Social Services identification card with photo issued by municipality	30.	State issued driver's license or learner's/instruction permit with photo; expired not more than 5 years
31.	State issued photo identification card - expired not more than 5 years	32.	U.S. Passport or passport card - expired not more than 5 years
33.	Unexpired Military Dependent I.D. card with photo	34.	Foreign Passport - expired not more than 5 years with a U.S. VISA
35.	Unexpired weapon or gun permit issued by federal, state or municipal government	36.	Unexpired pilot license
37.	Veteran's Universal Access Identification Card	38.	INS form I-797 (applicable only for the individual whose name appears on the form)
39.	USCIS student or dependent SEVIS I-20 with or without USCIS stamp (Applicant's name must appear on the form)	40.	U.S. Department of State form DS-2019 (Applicant's name must appear on the form)

### Definition of Certificate Types

**Certificate of Death:** Image copy of the Certificate of Death

**Verification of Death:** Certified document to verify death. Data elements included on the Verification of Death are decedent's name, date of death, place of death, date of birth and last four numbers of the social security number.

**Certificate of Birth Resulting in a Stillbirth:** Certificate issued on stillbirth records for gestations 20 weeks or greater. This certificate can only be issued to the parents.

### Amendment Guidance

Most items (misspelling of the name of the registrant and/or parents, incorrect date and/or place of death, incorrect address, incorrect date of birth, incorrect sex of registrant, etc.) on a death certificate can be corrected either administratively or judicially. There are several provisions outlined in the Code of Virginia and the Regulations Governing Vital Records detailing how a death certificate can be amended. To properly advise the Office of Vital Records must review the death certificate.

Type	Amendment Code	Comments	Who can initiate the change	Needed Documents
Amending inaccuracies on a death certificate	AMD	There are several provisions outlined in the Code of Virginia and the Regulations Governing Vital Records detailing how a death certificate can be amended. To properly advise the Office of Vital Records must review the death certificate.	Immediate Family Informant Funeral Service Licensee Legal Representative	A written request detailing the item to be amended on the death certificate, \$12 fee and requester's ID. The written request should also include the name of the decedent and date and place of death as it appears on the death certificate.
Court Ordered Changes	JCO	Court order authorizing the Office of Vital Records to amend a specific item(s) on a vital record.	Immediate Family Informant Funeral Service Licensee Legal Representative	Requires a certified copy of the Court Order, Copy of the petition. Application and/or written request, \$10 Administrative Fee, Certification Fee (\$12 per copy) and Requester's ID.