

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						DAY	YTIME PHONE NUMBE	R		
NAME OF REQUESTER (PERSON COMPLETING THE APPLICATION) EMAIL (Include to receive updates about your application))				
						╛┑	Check this box to rece	ive text		
NAME OF BUSINESS, if applicable						not	notifications. Message & data rates may			
ADDRESS CITY STATE ZIP CODE						арр	oly. (For cell phone nu	imbers only)		
					_					
WHAT IS YOUR RELAT						IDDENT COOLICE	ADJUT CICTE		, D T DDOT!!! D	SDANID CLILL D
MOTHER FATE								× ⊔ <i>ғ</i>	ADOLL BROTHER C	SKANDCHILD
☐ GREAT-GRANDCHIL	D L FUNER	(AL SEI	RVICE LICENSEE	LEGAL KE	PRESENTATIVE (Su	bmit proof) 🔲 C) HER (Specify)			
WHAT IS YOUR REASO	N FOR REQUE	STING	THIS CERTIFICATE? _							
			l		CERTIFICATE I		ON			
			(Check one		finitions are listed eath Certificate		on of Death			
TOTAL COPIES ORDER	RED	NAM	IE AT DEATH (first)	:/ <u> </u>	(middle)	verification	(last)	(sı	uffix)	
Specify how many of each if orde Death Certificate Verification of Death			((imagic)		(1.000)	(5)	a,	
DATE OF DEATH	AGE AT DE	ATH	PLACE OF DEATH	city or co	ounty in Virginia)	HOSPITAL NAI	ME (if any)		SE	X MALE FEMALE
FULL MAIDEN NAME	OF MOTHER	OR PA	ARENT ONE: (first)		(middle	e) (las	st) (suffi	x)	(maiden name if an	v)
FULL MAIDEN NAME OF MOTHER OR PARENT ONE: (first) (middle) (last) (suffix) (maiden name if any)										
FULL NAME OF FATHE	ER OR PAREN	T TW	O: (first)	(1	middle)	(last)	(suffi	x)	(maiden name if an	/)
Is an amendment ,	correction/	nee	ded?	NO If	YES, enter ame	endment code	e from the reve	rse sic	de. Amendment C	ode:
	CERTIFI	CATE	OF BIRTH RESU	JLTING	IN A STILLBIR	TH (Gestatio	n must be 20 v	veeks	or more)	
NUMBER OF COPIES		NAM	IE AT DEATH (If, app	licable)	(first)	(middle)		(last)	(suffix)	
DATE OF DEATH	GESTATION	N AT	PLACE OF DEATH	city or co	ounty in Virginia)	HOSPITAL N	IAME (if any)		S	EX MALE
	DEATH							FEMALE		
	,	weeks								
FULL MAIDEN NAME	OF MOTHER	OR PA	ARENT ONE: (first)		(middle	e) (las	st) (suffi.	x)	(maiden name if an	y)
FULL NAME OF FATHI	ER OR PAREN	TTW	O: (first)	(1	middle)	(last)	(suffi	x)	(maiden name if an	/)
I understand that ma	king a FALSE	applic	ation for a vital reco	ord is a F	ELONY under stat	e and federal la	w. I certify and at	firm th	at all information on	this form is true
and correct. X SIGNATURE OF I	REQUESTER	₹:					UNSIGNED APP	PLICATI	IONS <u>WILL NOT</u> BE	PROCESSED.
Please indicate the addre	ess vou wish t	he cer	tificate(s) mailed to i	n the hox	helow Please tyn	e or print clearl	V			
Offic					Office	end Completed Application To: ffice of Vital Records O. Box 1000				
							A 23218-1000			
	Contact Information:									
CITY/STATE/ZIP CODE							(804) 6	62-620	00	
CITT/STATE/ZIP CODE							www.v	dh.virg	ginia.gov/vital-recor	ds/

VS6D-02/20

Submit one (1) document from the primary list <u>OR</u> 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.

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	ACCEPTABLE PRIMA	ARY II	DENTIFICATION 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; check cashing cards are not acceptable)					
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.

Туре	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.