

THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS

## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

Do Not Complete This Application Before Reading The Instructions And Information On The Back Of This Form

**PART A. TYPE OF CERTIFIED COPY REQUESTED:**

CHECK ONE:	Death Verification A verification is an abstract from the death record that gives the name and date of death..	Fee \$6.00	Death Certificate A certificate is an abstract from the death record that gives the name, date of death, gender, place of death and cause of death.	Fee \$15.00
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**PART B. ELIGIBILITY:**

DEATH VERIFICATION → Anyone may apply for a death verification.

DEATH CERTIFICATE → CHECK ONE: I am a parent, legal guardian or sibling of the person listed on the record.  
I am a party entitled to receive the record as a result of a court order.  
I am an attorney representing the estate of the person listed on the record.  
I can establish that the record is needed for settlement of estate, entitled benefits, or other proper purpose.

**PART C. DISTRICT APPLYING TO:** CHECK ONE - St. Croix District St. Thomas/St. John District

**PART D. DEATH RECORD INFORMATION:**

First Name On Record	Middle Name On Record	Last Name On Record
Date Of Death – mm/dd/yy	Place Of Death (City And Island)	
Father's Name	Mother's Name	

**PART E. APPLICANT INFORMATION:**

Applicant's First Name	Applicant's Middle Name	Applicant's Last Name			
Applicant's Mailing Address			State	City	Zip Code
Type Of Photo Id	Photo Id#	Relationship To Person on Record			
Purpose For Which Record Is Requested			Number Of Copies	Amount Enclosed	Money Order ID #

**PART F. MAIL COPY OF RECORD TO:** (ONLY COMPLETE THIS SECTION IF FORWARDING ADDRESS IS DIFFERENT FROM APPLICANT'S MAILING ADDRESS)

First Name	Middle Name	Last Name			
Mailing Address			State	City	Zip Code

\_\_\_\_\_  
Signature Of Applicant                      Physical Address                      Date                      Telephone #

Do Not Complete Below Unless In The Presence Of A Notary Public

Sworn To And Subscribed Before Me This _____ Day Of _____, _____.	WITNESS My Hand And Official Seal.
<small>Day                      Month                      Year</small>	
_____ (Notary Public's Signature)	

# INSTRUCTIONS

Please submit the following:

1. **Completed, notarized application** **TO THE DISTRICT WHERE THE DEATH OCCURRED.**

Virgin Islands Department of Health  
St. Thomas/St. John District  
Office of Vital Records and Statistics  
1303 Hospital Ground, Suite 10  
St. Thomas, VI 00802.

*or*

Virgin Islands Department of Health  
St. Croix District  
Office of Vital Records and Statistics  
3500 Estate Richmond  
St. Croix, VI 00820.

2. **Photocopy of your valid, picture identification document** such as your driver's license, passport, military identification card, permanent resident card, state issued identification card, employee identification card, or school identification card.
3. Certified copy of court/appointment document if applying as legal representative or legal guardian.
4. **United States Postal Money Order in the amount of \$15.00**, made payable to the Virgin Islands Department of Health. (NO PERSONAL CHECKS WILL BE ACCEPTED)
5. **Stamped envelope in the amount of \$~~5.60~~ for return by certified mail or \$~~18.30~~ for return by express mail. \$6.48 for return by certified mail or \$23.75 for return by express mail. \$6.65 for return by priority mail**

# INFORMATION

- **Submittal of an incomplete application will delay processing.**
- If a record is not found, a certified "No record found" letter will be issued.
- Walk-in Service is available between 8:30 A.M. and 3:00 P.M. at the following locations:

Virgin Islands Department of Health  
John Moorehead Complex, Hospital Ground  
(located directly behind Lionel Roberts Stadium)  
St. Thomas, VI                      Tel#: (340) 774-9000 ext. 4685.

**Virgin Islands Department of Health**  
**Charles Harwood Memorial Complex**  
**3500 Estate Richmond, Christiansted**  
**St. Croix, VI**                      ~~Tel#: (340) 773-1311 ext. 3086.~~  
**(340) 718-1311 ext 3088**

Virgin Islands Department of Health  
Morris F. De Castro Clinic  
B and C Strand Street, Cruz Bay  
St. John, VI                      Tel#: (340) 776-6400 ext. 6014.