

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)	

