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 Fee $6.00  
Death Certificate Fee $15.00  
A verification is an abstract from the death record that gives the name and date of death.  
A certificate is an abstract from the death record that gives the name, date of death, gender, place of death and cause of death.

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:

<table>
<thead>
<tr>
<th>First Name On Record</th>
<th>Middle Name On Record</th>
<th>Last Name On Record</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date Of Death – mm/dd/yy</th>
<th>Place Of Death (City And Island)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Father’s Name</th>
<th>Mother’s Name</th>
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PART E. APPLICANT INFORMATION:

<table>
<thead>
<tr>
<th>Applicant’s First Name</th>
<th>Applicant’s Middle Name</th>
<th>Applicant’s Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Mailing Address</th>
<th>State</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Type Of Photo Id</th>
<th>Photo Id#</th>
<th>Relationship To Person on Record</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>State</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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.

(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 card, military identification card, permanent resident card, TWIC card, valid voter’s card, state issued identification card, or senior citizen’s card.

3. Supporting documents are needed to verify reason record is requested.

4. Certified copy of court/appointment document if applying as legal representative or legal guardian.

5. Person given permission from person listed on the record (must provide notarized statement by person on record or authorized applicant).

6. 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)

7. A returned stamped envelope must be sent with the application and must have the returned address to return the Death Certificate(s).

8. Submittal of an incomplete application will delay processing.

9. If a record is not found, a certified “No Record Found” letter will be issued.

10. If an application is incomplete and applicant is unreachable by phone, a “Missing Information” letter will be issued. It is very important to provide all required information on the application.

CONTACT INFORMATION

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. Thomas, VI
Tel#: (340) 774-9000
Ext. 4686/4685/4683

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. Croix, VI
Tel#: (340) 718-1311
Ext. 3846/3827/3688/3622/3687
Cell#: (340) 643-6302

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. John, VI
Tel#: (340) 776-6400
Ext. 6014