

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

AFFIDAVIT FOR RELEASE OF CERTIFIED COPY OF DEATH RECORD

Before the undersigned, an officer duly commissioned by the laws of the United States Virgin Islands,

on this _____ day of _____,
(Day) (Month) (Year)

personally appeared _____,
Printed Name of Affiant

who having been first duly sworn and deposed says:

CHECK ONE: I am a parent, sibling or legal guardian 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.

I authorize the Office of Vital Statistics to issue a certified copy of the :

CHECK ONE: Death Verification Death Certificate

Of _____
(Name Of Person On Death Record)

To _____
(Name Of Person To Receive Copy Of Death Record)

I have attached the required photocopy of my valid picture id.

_____ Id# _____
(Type of Id Attached)

I hereby swear or affirm the above statements are true and correct.

(Signature of Affiant)

Sworn To And Subscribed Before Me This _____ Day Of _____, WITNESS My Hand And Official Seal.
Day Month Year

(Notary Public's Signature)