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 Fee <u>\$6.00</u> A verification is an abstract from the death record that gives the name and date of death.. Death CertificateFee \$15.00A certificate is an abstract from the deathrecord that gives the name, date of death, gender,place of death and cause of death.

PART B. ELIGIBILITY:

DEATH VERIFICATION \longrightarrow Anyone may apply for a death verification. DEATH CERTIFICATE \longrightarrow 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
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PART D. DEATH RECORD INFORMATION:

First Name On Record	Midd	le Name On Record	-	Last Name On Record			
Date Of Death – mm/dd/yy	Place Of Death (0	City And Island)	nd 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 Recor			d			
Purpose For Which Record Is Requested		Number Of Copies	Amount	Enclosed	Money Ore	der 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 Addres	35		Date	Telephone #
	Do Not Complete Be	low Unless In The l	Presence Of A Notary H	Public	
Sworn To And Subscribed B	efore Me This I	Day Of	W	TITNESS My	Hand And Official Seal.
(Notary Public's Signature)					

INSTRUCTIONS

Please submit the following:

1. Completed, notarized application <u>TO THE DISTRICT WHERE THE DEATH OCCURRED.</u>

or

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

\$24.70

- 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)

\$6.99

5. Stamped envelope in the amount of \$5.60 for return by certified mail or \$18.30 for return by express mail. \$6.70 For Return by Priority Mail

\$10.20 For Return by Priority with Certified

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 3688 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.