

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 **\$6.00**
A verification is an abstract from the death record that gives the name and date of death.

Death Certificate Fee **\$15.00**
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:

First Name on Record		Middle Name on Record	Last Name on Record
Date of Death – mm/dd/yy	Place of Death (City and Island)		Sex of Decedent:
Mother's / Parent's Name		Father's / Parent'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.					
Day	Month	Year			
_____ (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 the reason record is requested.
4. Certified copy of court/appointment document if applying as legal representative or legal guardian.
5. 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. A returned stamped envelope must be sent with the application and must have the returned address to return the Death Certificate(s).

SEE POSTAL CARRIER FOR RATES
(U.S. PRIORITY OR EXPRESS MAIL, FEDEX, DHL, UPS)

7. Submittal of an incomplete application will delay processing.
8. If a record is not found, a certified "No Record Found" letter will be issued.
9. 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
Tel#: (340) 718-1311
Ext. 4685/4681/4683
Tel#: (340) 715-5116 or
(340) 715-51177

Virgin Islands Department of Health
Office of Vital Records and Statistics
St. Croix, VI
Cel#: (340) 643-6302
Tel#: (340) 712-0117/(340) 712-0119
(340) 712-0116 or (340) 712-0118

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