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 due to 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 estate settlement, entitled benefits, or another 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 and notarized applications must be mailed directly to the district office where the birth took place. Our office cannot accept applications mailed to another person. PLEASE MAIL APPLICATIONS DIRECTLY TO OUR OFFICE.

Virgin Islands Department of Health
St. Thomas/St. John District
Office of Vital Records and Statistics
5021 Norre Gade, Suite 2
St. Thomas, VI 00802-6737

or

Virgin Islands Department of Health
St. Croix District
Office of Vital Records and Statistics
4006 Estate Diamond, Suite 104
St. Croix, VI 00820.

1. 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.

2. Supporting documents are required to verify the reason for the record request.

3. If applying as a legal representative or legal guardian, a certified copy of the court/appointment document is required.

4. United States Postal Money Order of $15.00, payable to the Virgin Islands Department of Health. (NO PERSONAL CHECKS WILL BE ACCEPTED)

5. A returned stamped envelope must be included with the application and must have the return address to facilitate the return of the Death Certificate(s). The Death Certificate(s) must be returned via Certified Mail, U.S. Priority Mail, Express Mail, FedEx, DHL, or UPS. NO documents will be returned by regular first-class mail. All documents returned must be trackable, so please select the recommended postage listed above. Please check with the postal carrier for current rates.

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 the applicant is unreachable by phone, a "Missing Information" letter will be issued. Please 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. 4685/4681/4683/4686/4687
Tel: 340-715-5116 or 340-715-5117

St. Croix, VI
Cell: 340-643-6302
Tel: 340-712-0117/ 340-712-0119
340-712-0116 or 340-712-0118

St. John, VI
Tel: 340-776-6400
Ext. 6014