Wicomico County Health Department 108 E Main Street Salisbury, MD 21801 (410)543-6949

<u>Application For A Copy Of A Death Certificate</u> <u>Beginning January 2015 To Present</u>

Date:			
Note: Death Certificates are \$20.00 for tapplying by mail, please enclose a self-apply in person or by mail. To apply by mail visit health.maryland.go	ddressed stamped envelo	pe. <u>DO NOT SEND CASH.</u>	
Name of Deceased:			
(First)	(Middle)	(Last)	
Date of Death:			
(Month)	(Day)	(Year)	
Reason for Request:			
Your Relation to Deceased:			
Please Indicate the Number of Copies Re	equested:		
Applicant's Name (Print):			
Applicant's Signature:			
Mailing Address:			
City and State:			
Zip Code:	Telephone:		

Any person who willfully uses or requested certificates for fraudulent purposes is guilty of a fine not exceeding \$500.00 in accordance with Maryland Health General Article, Code Ann, Section 4-227