

STATE OF MARYLAND
MARYLAND STATE ARCHIVES
350 ROWE BLVD
ANAPOLIS, MD 21401

Death Certificate – Baltimore City (1875-2008) and Maryland Counties (1898-2008)

IMPORTANT: Copies are only available for those records which have been transferred to the Archives. For more information as to which vital records have been transferred, contact us by phone at 410-260-6487 or by email at msa.helpdesk@maryland.gov. For records not at the Archives, contact The Maryland Department of Health, Division of Vital Records in person at 6764B Reisterstown Road, Reisterstown Road Plaza, Baltimore, MD 21215 or by phone at 410-764-3038.

Fees

All government-created Death Certificates will be certified. The non-refundable and non-transferable fee is \$25.00 per copy.

Please Note: The Archives will attempt to locate the record based upon the information you provide, but we cannot guarantee results. If the search provides no record matching the information provided, the fee is not returned, and a notification letter from the Archives is issued.

Death Records 2008 and Before

Complete and mail-in the form below, as you **do not need** any documentation to request a copy.

Death Records 2009 and After

Death Records after 2009 are **not at the Maryland State Archives** and are only available from the Maryland Division of Vital Records (see address located at the top of this page).

Payment

Acceptable forms of payment include personal or corporate check or money order (payable to the Maryland State Archives), or major credit card (MasterCard or Visa). You may order in person at the Archives, by United States Mail, or by filling out and submitting the subsequent information by secure form.

If paying by credit card with this mail-in form, please complete the shipping information and billing information. If paying by personal or corporate check or money order, just complete the shipping information.

* Required

PLEASE PROVIDE INFORMATION NEEDED TO LOCATE THE DEATH CERTIFICATE

Number of Copies Requested *:

Name of Deceased *: _____
(first/middle/last)

Gender: Male Female Unknown Age at Death *:

Place of Death *: _____ Date of Death *: _____
(city/county) (month/day/year)

Certificate Number (if known):

Additional Information:

SHIPPING INFORMATION

Name (Print) *: _____
(first/middle/last)

Address *: _____

City/State/Zip Code *: _____

Telephone # *: _____ Email *: _____

BILLING INFORMATION (if paying by card)

Name (Print) *: _____
(first/middle/last)

Address *:

City/State/Zip Code *: _____

Credit Card # *: _____ Credit Card (circle one) *: Visa MasterCard