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-transferrable 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
Expiration Date *: ___________ CVV (3 Numbers on Back) *: __________
(MM/YY)