**PUERTO RICO MAIL IN DEATH CERTIFICATION APPLICATION**

**Instructions**

**Step 1:** Establish eligibility. *(Refer to Eligibility information).*

**Step 2:** Complete Death Certification Application Form in its entirety, including the applicant’s signature section.

**Step 3:** Provide a photocopy of the applicant’s valid identification on both sides. All photocopies are required to be clear and legible. Received applications which don’t include an acceptable identification will not be processed. *(Refer to Identification Requirements)*

**Step 4:** Include copy of necessary documentation in order to establish kinship and/or use of married surname.

**Step 5:** Include the correct fee according to the requested certification. If a record isn’t on file or if the submitted application doesn’t comply with the requirements established in these instructions, a certified Not Found Statement will be issued. **The application fee will not be refunded.** *(Refer to Payment and Fee information)*

**Step 6:** Mail in Application Form, Money Order, pre-addressed envelope, and all necessary documentation to the following address:

Demographic Registry of Puerto Rico
Fernandez Juncos Station
PO Box 11854
San Juan, PR 00910

Additional information regarding the requirements in obtaining a certification refer to **PROCEDIMIENTO 2-2020.** Approximate processing time 15 to 30 working days.

**Eligibility**

- In accordance with the definition of “interested party” as stated by Act No. 24 of April 22nd, 1931, as amended, known as the Puerto Rico Registry Act:
  - Spouse as listed on the death certification
  - Parent(s) of the spouses as listed on the marriage certificate
  - Child of the deceased of 18 years of age or older (child must submit a copy of their birth certificate if not born in Puerto Rico)
  - Legal representative of one of the aforementioned parts (must comply with the instructions issued in Circular Letter 1-2020)
  - Heir (must provide a certified copy of the Testament of Declaration, which may be subject to a validation procedure in Puerto Rico)

**NOTE:** Federal and State Agencies may obtain a Death Registration Verification which will include limited information of the death record. This issued document does not establish an identity, therefore it’s not considered a legal substitute of a Death Certification. *(Refer to Circular Letter 2 2019)*.

**Identification Requirements for an eligible applicant when requesting a marriage certification**

- The submitted identification must be current, possess the name of the identified person, their photo, signature, issuance and expiration date. If the married last name is used in the identification, it’s necessary to include a copy of the marriage certificate.

  The following are the only acceptable forms of identifications:
  - Passport
  - Driver’s License issued by a state or an United States territory
  - Identification Card issued by a state or an United States territory (DMV or DTOP)

**Payment and Fees for a marriage certification**

- **Computer Certification (Short Form)**: $12.00 each copy
- **Photocopy of the Original Certificate (Long Form)**:
  - First copy: $17.00
  - Additional copies requested at the same time: $12.00 each

**Fee Exceptions**

- The Veteran’s surviving spouse is exempt from the fee when the requested certification is for official uses. The spouse must provide a copy of their DD-214 Form or other supporting evidence proving the applicant is a veteran and document attesting the official use of the requested certification. *(Circular Letter OPVELA-2015-02)*

**Acceptable Payment Method**

- Money Order addressed to the Secretary of Treasury of Puerto Rico. **Personal checks are not accepted.**
- The Demographic Registry of Puerto Rico isn’t responsible for payments made in cash, lost, misdirected or not delivered. **Don’t Send Cash.**
### PART 1 – APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>MIDDLE NAME</td>
<td></td>
</tr>
<tr>
<td>FIRST LAST NAME</td>
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<tr>
<td>SECOND LAST NAME</td>
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</tr>
<tr>
<td>Residential Address</td>
<td>City</td>
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<tr>
<td></td>
<td>State or Country</td>
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<td>Zip Code</td>
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<td>State or Country</td>
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<td>Zip Code</td>
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<tr>
<td>Phone Number</td>
<td></td>
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<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**Elegibility:**
- ☐ Spouse listed on death record
- ☐ Mother
- ☐ Father
- ☐ Child
- ☐ Legal Representative
- ☐ Heir

### PART 2 – APPLICATION PURPOSE (A purpose must be selected based on the requested amount of certifications)

- ☐ LIFE INSURANCE
- ☐ SOCIAL SECURITY
- ☐ HEALTH INSURANCE
- ☐ MARRIAGE LICENSE
- ☐ EMPLOYMENT
- ☐ JUDICIAL PROCEEDING
- ☐ PASSPORT/TRAVELING
- ☐ RETIREMENT
- ☐ SCHOOL
- ☐ NUTRITIONAL ASSISTANCE
- ☐ HOUSING
- ☐ OTRO: ______________

### PART 3 – DEATH RECORD INFORMATION

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<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>MIDDLE NAME</td>
<td></td>
</tr>
<tr>
<td>FIRST LAST NAME</td>
<td></td>
</tr>
<tr>
<td>SECOND LAST NAME</td>
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<tr>
<td>Date of Death</td>
<td>MONTH</td>
</tr>
<tr>
<td></td>
<td>DAY</td>
</tr>
<tr>
<td></td>
<td>YEAR</td>
</tr>
<tr>
<td>Municipality where death occurred</td>
<td></td>
</tr>
<tr>
<td>Funeral Home</td>
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<tr>
<td>Sex</td>
<td>☐ MASCULINE</td>
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<tr>
<td></td>
<td>☐ FEMENINE</td>
</tr>
<tr>
<td>Parents Information:</td>
<td>☐ FATHER</td>
</tr>
<tr>
<td></td>
<td>☐ MOTHER</td>
</tr>
</tbody>
</table>

### PART 4 – ACCEPTABLE FORM OF IDENTIFICATION

- ☐ Driver’s License
- ☐ State or US territory issued identification card
- ☐ Passport
- ☐ Other: ______________

- Include a photocopy of the identification on both sides. (Refer to Identification Requirements)

### PART 5 – APPLICANT’S SIGNATURE

By signing this form, I am declaring and certifying I am the identified applicant in Part I. In addition I affirm the information contained therein is complete and accurate. Failure to comply with the instructions and requirements of this Form may be grounds for disqualification for the issuance of the requested vital event. I also am aware that by giving false information or assuming the identity of another person I may be criminally prosecuted by Articles 211-217, 271, 272, 273 of the Puerto Rico Criminal Code Act No. 146 of 2012, as amended.

Signature: ______________ Date: ______________

### PART 6 – FEES AND TYPE OF CERTIFICATION REQUESTED

- ☐ Computer Certification Fee (Short Form)
- Number of Copies: ______________
- ☐ Photocopy of the Original Certificate Fee (Long Form)
- Number of Copies: ______________

- ☐ $12.00 each copy
- ☐ Puerto Rican Veteran spouse (Include evidence – Refer to instructions on page 1)

- ☐ First copy $17.00
- ☐ Additional copies requested at the same time $12.00 each
- ☐ Puerto Rican Veteran spouse (Include evidence – Refer to instructions on page 1)

- The application fee will not be refunded. If a record isn’t found a certified Not Found Statement will be issued.

### FOR OFFICIAL USE OF THE DEMOGRAPHIC REGISTRY ONLY

- Date mail was received: ______________
- Date received by the issuance division: ______________
- Name of the employee who received the correspondence: ______________
- Included documentation as part of the application:
  - ☐ Applicant’s birth certificate
  - ☐ Applicant’s marriage certificate
  - ☐ Copy of applicant’s ID
  - ☐ Other: ______________

- Issued Documentation:
  - ☐ Security Form
  - ☐ Rejection letter
  - ☐ Not Found Statement

- Security Form Numbering: ______________
  - Issuance Date: ______________

- Employee Name: ______________
- Signature: ______________