

**TALBOT COUNTY HEALTH DEPARTMENT
100 SOUTH HANSON STREET
EASTON, MARYLAND 21601
410-819-5600**

APPLICATION FOR COPY OF DEATH CERTIFICATE

Make check payable to: **TALBOT COUNTY HEALTH DEPARTMENT**

DATE: _____

Name of deceased: _____
(First) (Middle) (Last)

Date of death: _____
(Month) (Day) (Year)

Place of death (regardless of residence): _____
(Town) (County)

Whom do you represent: _____

Please indicate number of copies requested: _____

PLEASE NOTE: A non-refundable \$20.00 fee is required for each certified certificate requested.

Please Print

Applicant's Name: _____

Mailing Address: _____

City, State, Zip: _____

Applicant's Signature: _____