



GOBIERNO DE PUERTO RICO

Departamento de Salud

GOVERNMENT OF PUERTO RICO DEPARTMENT OF HEALTH DEMOGRAPHIC REGISTRY

APPLY FOR DEATH CERTIFICATE BY MAIL

M RD 225
Revised 05/2017

PART I: INFORMATION OF DECEASED

1.Full Name:			
_____	_____	_____	_____
Last Name	Maiden Name	First Name	Middle Name
2.Date of Death: (mm/dd/yyyy)		3.Place of Death: (Country)	
_____		_____	
4.Father's Name:		5.Mother's Name:	
_____		_____	
6.Purpose:			7.Number of Copies
_____			_____

If you want Original Death Certificate (Cause of Death) _____ Yes _____ No
Cost of the Certificate: \$15.00, Second copy \$10.00 plus \$2.00 service charge per copy

PART II: REQUESTER INFORMATION

1.Full Name:		2. Kinship
_____	_____	_____
Last Name	First Name	Middle Name
3.Mailing Address: (Address where you will receive the document)		4.Contact Information:
Address 1: _____		# Telephone: _____
Address 2: _____		Email: _____
City State Zip Code		
5.Include ID:		6.Requester Signature:
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Others _____		_____
		7. Date

IMPORTANT:

- Cost of Certifications: \$10.00 each copies plus \$2.00 service charge.
- The applicant must send the exact amount of money to cover the cost of the certification. Every request requires a search in the data and record system. Fees are non-refundable.
- Accepted payment methods: **ONLY MONEY ORDER**, on behalf of the **SECRETARY OF TREASURY**; **DO NOT SEND** personal checks, or cash.
- Accepted Identifications: Driver's license, Passport or State Id; *Copies must be current, clear and legible. Please copy both side of the identification.*
- If you use a married last name in your Identification, please provide a copy of your marriage certificate, to confirm the maiden name according to how your name appears on the birth record.
- For validate kinship a son of inscribed must send copy of its certification of birth.
- Applicants must be directly related to the register person, according to the **Law 24 of the 1931, Law of the Demographic Register**; mother or father, sons, legal guardian (by means of judicial order) or legal representative (for use of a procedure legal).
- Please send pre-addressed with stamp.
- Return Shipping via **REGULAR** mail **ONLY**.

SHIPPING INSTRUCTIONS

- **Postal Address:**
Registro Demográfico
PO Box 11854
Fernández Juncos Station
San Juan, Puerto Rico 00910

For additional information or questions, please call at: (787) 765-2929 Ext. 6131 or email to the e-mail address: regdem@salud.pr.gov