

PUERTO RICO MAIL IN DEATH CERTIFICATION APPLICATION

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|--------------|---|--|--|--|--|--|--|--|
| Instructions | Step 1: Establish eligibility. (Refer to Eligibility information). Step 2: Complete Death Certification Application Form in 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 | | | | | | | |
| rmation | Eligibility In accordance with the definition of "interested party" as stated by Act No. 24 of April 22 nd , 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. (<i>Refer to Circular Letter 2 2019</i>). 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 identifications: Passport | | | | | | | |
| INTO | Identification Card issued by a state or an United States territory (DMV or DTOP) Payment and Fees for a marriage certification <u>Computer Certification (Short Form)</u> \$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 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 navments made in cash lost, misdirected or not delivered. Don't Send | | | | | | | |
| Information | 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 <u>Computer Certification (Short Form)</u> Photocopy of the Original Certificate (Long Form) • \$12.00 each copy • 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 pro a copy of the in DD-214 Form or other supporting evidence proving the applicant is a veteran and document attesting the off use of the requested certification. (Circular Letter OPVELA-2015-02) Acceptable Payment Method | | | | | | | |

Departamento de Salud

GOBIERNO DE PUERTO RICO

Registro Demográfico

Model RD 227 English Rev. 02/2020

□ Approved □ Denied PUERTO RICO MAIL IN MARRIAGE CERTIFICATION APPLICATION

PLEASE REFER TO INSTRUCTIONS, ELIGIBILITY INFORMATION, IDENTIFICATION REQUIREMENTS, PAYMENT AND FEES ON PAGE 1

| PART 1 – AP | PLICAN | FINFORMATION | | | | | | | | | | | |
|---|-----------------------|-------------------------|-------------------------|--|-----------------|---|-----------------------------------|----------|------------------|----------------------------|---------------------|------------|------------|
| NAME | | | MIDDLE NAME | | FI | FIRST LAST NAME | | | SECO | SECOND LAS NAME | | | |
| | | | | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | | | |
| RESIDENTIAL | | | | | Р | OSTAL | | | | | | | |
| ADDRESS | | | | | A | DDRESS | | | | | | | |
| | City State or Country | | | Zip Code | | - | City | | State | State or Country | | Zip Code | |
| Phone Number | () | | Mobile Number | () | | | Email Address | | | | | | |
| ELEGIBILITY | in accorda | nce to with the defin | ition of an "interested | party" as stated by | Act. No | . 24 of April 2 | 2 nd , 1931, as a | amende | d, known as th | ne Puerto | Rico Registry | / Act | |
| □ Spouse | listed on | death record | | Mother | 🗆 Fa | Father Child Legal Representative Heir | | | | | | | |
| PART 2 – APPLICATION PURPOSE (A purpose must be selected based on the requested amount of certifications) | | | | | | | | | | | | | |
| LIFE INS | | | SOCIAL SECURITY | | | | RRIAGE LICENSE | callons | | | | | NG. |
| | | | RETIREMIENT | | 5010 110 | | RITIONAL ASSIST | ANCE | | <u> </u> | | ROOLLDI | 10 |
| | | | | | | | | | | L | | | |
| PART 3 – DE | ATH RE | CORD INFORMA | MIDDLE NAME | | FIRST LAST NAME | | | | SECOND LAST NAME | | | | |
| TVUIL | | | model www. | | | | | | 020 | | une - | | |
| | DATE OF D |)FATH | AGE AT TIME OF | MUNICIPALITY | WHERE | | FUNERAL | HOME | | | SEX | SOCIAL | SECURITY |
| MONTH | DAY | YEAR | DEATH | DEATH OCC | | | 1 01121112 | | | | | 0000.12 | 02001 |
| WONTH | DAT | TEAR | | | | | | | | | ASCULINE EMENINE | | |
| PARENT'S | | □ FATHER | | | | | | 2 | | | | | |
| INFORMATION | N: | | | | | | | | | | | | |
| | | E FORM OF IDE | | PART 5 - AP | | | | | | | | | |
| Driver's Lic | | | NTIFICATION | By signing this | | | | αlam | the identified | applican | nt in Part I. In | addition I | affirm the |
| | | ssued identification of | ard | information con | itained f | therein is con | nplete and acci | urate. F | ailure to comp | ly with th | ne instructions | and requi | rements of |
| Because the form may be a second to be a | | | | | | | alification for the identity of a | | | | | | |
| giving | | | | | | | minal Code Ac | | | | | | 5211-217, |
| Include a photostical | Signature | Signature Date | | | | | | | | | | | |
| Identification | | | | Х | | | | | | | | | |
| | TYPE OF CERTI | | | Photocon | w of the Origi | nal Ca | tificato Eoo | | | | | | |
| Computer Certification Fee (Short Form) Number of Copies | | | | | | Photocopy of the Original Certificate Fee (Long Form) Number of Copies | | | | | | | |
| □ \$12.00 each | сору | | □ First copy \$17.00 | | | | | | | | | | |
| Puerto Rican | Veteran sp | ouse (Include eviden | s on page 1) | \square 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 | | ana di isian | | Payment Method Included | , | | Numbering: | íy: | | \$ | | | |
| Date received | | vee who receiv | | | | | | | | ▶ ■ Not Found Statement | | | |
| correspondenc | e: ' | , | C | Documentation | | | | | Slatement | | | | |
| Included docur | nentation | as part of the applica | S | Security Form Numbering Issuance Date: | | | | | | | | | |
| Applicant's birth certificate Applicant's marriage certificate Applicant's marriage certificate | | | | | | 1. | | 2. | | 3. | | | |
| Copy of applicant's ID Copy of applicant's ID | | | | | | 4. 5. | | | | | | | |
| □ Other: | | | | | | Employee Name: | | | | | | | |
| | | | | | | Cignatura: | | | | | | | |
| | | | 1 | Signature: | | | | | | | | | |

Para el estatus de su solicitud e información adicional, comunicarse al (787) 765-2929 Ext. 6131 o al correo electrónico seguimientosolicitudexpcorreo@salud.pr.gov Registro Demográfico • PO BOX 11854 San Juan, Puerto Rico 00910-1854 •www.salud.gov.pr• (787)765-2929