DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Form RD 227 English Rev. 06/2026

PUERTO RICO MAIL IN DEATH CERTIFICATION APPLICATION

INSTRUCTIONS

Step 1: Establish eligibility (see Eligibility Information).
Step 2: Complete the Death Certificate Application Form in its entirety, including the applicant's signature.
Step 3: Submit a valid and current identification document. All identification documents must be clear, legible, and current (see Identification Requirements).
Step 4: Include additional documentation, if necessary, to establish relationships and/or evidence of the use of a married surname in the past.
Step 5: Submit the corresponding payment. Internal Revenue stamps must be provided according to the number of certificates requested. If the requested record cannot be located or the requirements established in these instructions are not met, you will receive a document titled *Cancellation Due to Search*."
Step 6: Mail the completed application, money order or printed digital stamp, all required documents, and a self-addressed envelope to the following mailing address:

Demographic Registry of Puerto Rico,
Fernandez Juncos Station PO Box 1185
San Juan, PR 00910

ELEGIBILITY – INTERESTED PARTY (WHO MAY REQUEST A BIRTH CERTIFICATE)

- Spouse as listed on the death certification
- Parent(s)
- Grandparents, children, and grandchildren (if not born in Puerto Rico, a copy of their birth certificate must be submitted).
- Heir (must submit a certified copy of the Will or Declaration of Heirs, which may be subject to a validation process in Puerto Rico).
- Attorney
- Any party identified as an interested party by order of the Puerto Rico court.

IDENTIFICATION REQUIREMENTS

All identification documents must be current and valid, and must include the holder's name, photograph, signature, date of issuance, and expiration date. If the applicant was married outside of Puerto Rico and uses a married surname on their identification, a copy of the marriage certificate must be submitted to verify the surname change.

Only the following identifications will be accepted:
• United States or foreign passport
• Driver's License or Identification Card issued by the Government of Puerto Rico through the Department of Transportation and Public Works
• U.S. Armed Forces Identification
• Driver's License or Identification Card issued by any U.S. state or territory (Department of Motor Vehicles; and by the Federal Government of the United States and any of its instrumentalities)
• Resident Card (temporary or permanent)

The following identifications will be accepted for attorneys:
• Unified Attorney Registry (Registro Único de Abogados/as – RUA)
• Puerto Rico Bar Association (Colegio de Abogados y Abogadas de Puerto Rico – CAAPR)
• Puerto Rico Lawyers Association
• Identification issued by the United States District Court for the District of Puerto Rico (U.S. District Court – District of Puerto Rico

DEATH CERTIFICATE	COST	PROCESSING AND MAILING
Death or Fetal Death Certificate Issuance	$10.00	**$2.00** per request
• **Additional copy**	$10.00	
Literal Issuance of Death or Fetal Death Certificate (Long Form) The long form copy is a copy of the original death certificate record; it includes all causes of death and the time of death	$15.00	
• **Additional copy**	$10.00	

The following cases are exempt from payment for the issuance of certifications from the Demographic Registry:

Act No. 203-2007, as amended, known as the 'New Bill of Rights of the Puerto Rican Veteran of the 21st Century,' and any other law that replaces it or recognizes any other exemption not contemplated in this article.

Accepted Methods of Payment

- Money Order payable to the Secretary of the Treasury of Puerto Rico. Personal checks are not accepted. Do not send cash.
- Internal Revenue Stamps #5120. Any digital stamp must be printed and submitted as part of the application.
- Applications received without the required certification cost and the processing and mailing fees will not be processed.

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

For official use only

Correspondece ID _____

Internal Revenue Stamp

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PUERTO RICO MAIL IN DEATH CERTIFICATION APPLICATION

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

PART 1 – APPLICANT INFORMATION

NAME	MIDDLE NAME	FIRST LAST NAME	SECOND LAST NAME

RESIDENTIAL ADDRESS				POSTAL ADDRESS			
	City	State or Country	Zip Code		City	State or Country	Zip Code

Phone Number	( )	Mobile Number	( )	Email Address	

ELEGIBILITY in accordance to with the definition of an "interested party" as stated by Act. No. 24 of April 22nd, 1931, as amended, known as the Puerto Rico Registry Act

☐ Spouse ☐ Mother ☐ Father ☐ Child ☐ Grandparent ☐ Heir ☐ Legal Representative

☐ Grandchild: _____, _____
Complete name of the Mother/Father of Grandchild applicant — Complete name of the Mother/Father of Grandchild applicant

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

☐ DRIVER'S LICENSE ☐ SOCIAL SECURITY ☐ HEALTH INSURANCE ☐ LICENCIA MATRIMONIAL ☐ EMPLOYMENT ☐ JUDICIAL PROCEEDING
☐ PASSPORT/TRAVELING ☐ RETIREMENT ☐ SCHOOL ☐ NUTRITIONAL ASSISTANCE ☐ HOUSING ☐ OTRO: _____

PART 3 – DEATH RECORD INFORMATION

NAME	MIDDLE NAME	FIRST LAST NAME	SECOND LAST NAME

DATE OF DEATH			AGE AT TIME OF DEATH	MUNICIPALITY WHERE DEATH OCCURRED	FUNERAL HOME	SEX	SOCIAL SECURITY
MONTH	DAY	YEAR					
						☐ MASCULINE ☐ FEMENINE	

PARENTS INFORMATION:	☐ FATHER ☐ MOTHER		☐ FATHER ☐ MOTHER	

PART 4 – ACEPTABLE FORM OF IDENTIFICATION

☐ Driver's License (DTOP or DMV) ☐ Resident Card
☐ State or US territory issued ID card ☐ U.S. Armed Forces Identification
☐ Passport ☐ Unified Attorney Registry (RUA)

☐ Other: _____

■ Include a photocopy of the applicant's identification on both sides.

PART 6 - APPLICANT'S SIGNATURE

By signing this form, I declare and certify that I am the applicant identified in Part I. I also affirm that the information provided herein is complete and accurate. Failure to comply with the instructions and requirements of this form may result in disqualification of the requested vital record. I am also aware that providing false information or assuming the identity of another person may subject me to criminal prosecution under Articles 211–217, 271, 272, and 273 of the Puerto Rico Penal Code, Act No. 146 of 2012, as amended.

Signature
X

Date: (Month/Day/Year) _____

PART 5 – FEES AND TYPE OF CERTIFICATION REQUESTED

The application fee is non-refundable. If the requested record cannot be located or the requirements established in these instructions are not met, you will receive a document titled *Cancellation Due to Search*.

	Cost		Quantity		Total
☐Death certification	$10.00	X	1	=	$
☐Death certification (long form)	$15.00	X	1	=	$
Resident: ☐60 years or older ☐ Veteran ☐ Other: _____	$0.00	x	1	=	$
☐Additional copies ☐Original ☐ Long form	Cost $10.00	X	Quantity	=	Total $
Processing and mailing	Cost $2.00	X	Quantity 1	=	Total $2.00
				Sum of total amount due:	$

FOR OFFICIAL USE OF THE DEMOGRAPHIC REGISTRY ONLY

Security Form Number Issued

1.	2.	3.

# Internal Revenue Stamp	Value	# Internal Revenue Stamp	Value	# Internal Revenue Stamp	Value
1.		2.		3.	
4.		5.		6.	

Dispatched:

Signature:
X_____

For the status of your application and additional information, please contact (787) 765-2929 Ext. 6131 or via email: seguimientosolicitudexpcorreo@salud.pr.gov
Registro Demográfico • PO BOX 11854 San Juan, Puerto Rico 00910-1854 •www.salud.gov.pr• (787)765-2929

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