APPLICATION FOR CEMETERY RETURN OR CERTIFIED COPY OF DEATH RECORDS

☐ COUNTER **D** ☐ MAIL

CITY OF PHILADELPHIA
DEPARTMENT OF RECORDS
CITY ARCHIVES
Suite 942 • 401 North Broad • Philadelphia, PA 19108

APPLICATION DATE

For Cemetery Returns during period May 1806 to June 30, 1860, and for Death Records during the period July1, 1860, to June 30, 1915. (For records after June 30, 1915,— Apply Room 1009, State Building, Broad and Spring Garden Streets.).

FOR EACH APPLICATION AND SEARCH FOR A CEMETERY RETURN — THE FEE IS $5.00
FOR EACH APPLICATION AND SEARCH FOR A DEATH CERTIFICATE REGISTRATION — THE FEE IS $9.00.
THE FEE MUST ACCOMPANY THIS FORM.

In the event there is no record of a cemetery return or death, a "No Record Statement" will be issued. The total fee for each application will be charged for the search and statement. Additional copies of Cemetery Returns or Certificates for the same record will be charged at the fees listed above.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: "THE CITY OF PHILADELPHIA"
DO NOT SEND CASH OR STAMPS
ALLOW 6 TO 8 WEEKS FOR REQUEST TO BE PROCESSED

NOTE: A dishonored check will require an additional penalty fee of $20.00 *(Ordinance of City Council).*
IT IS MOST IMPORTANT THAT DATE OF DEATH BE COMPLETELY FILLED IN.

NUMBER OF COPIES

_____ ***Cemetery Return @ $5.00 Each***

_____ ***Death Certificate @ $9.00 Each***

$ _____ ***TOTAL FEE***

FULL NAME OF MALE *(FIRST)* *(MIDDLE)* *(LAST)*

PLACE OF BIRTH *(NUMBER AND STREET)*	DATE OF DEATH *YR.* *MONTH* *DAY*
NAME OF ATTENDING PHYSICIAN OR MIDWIFE	IF BORN IN HOSPITAL, STATE NAME AND ADDRESS
NAME OF FATHER	NAME OF MOTHER *(FIRST NAME AND MAIDEN NAME)*
NAME OF APPLICANT	ADDRESS OF APPLICANT

DO NOT WRITE IN SPACE BELOW — *OFFICE USE ONLY*

DATE RECEIVED	DATE ANSWERED OR COPY SENT	SEARCH MADE BY	RECEIPT NUMBER

82-157 (Rev. 11/96)

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