

APPLICATION FOR COPY OF CEMETERY RETURN OR DEATH RECORD		CITY OF PHILADELPHIA DEPARTMENT OF RECORDS CITY ARCHIVES 548 SPRING GARDEN STREET • PHILADELPHIA, PA 19123		APPLICATION DATE
<p>For cemetery returns during period January 1, 1803 to June 30, 1860 and death records during period July 1, 1860 to June 30, 1915. If death occurred after June 30, 1915, apply at www.health.pa.gov/topics/certificates/Pages/Forms.aspx</p> <p>FOR EACH APPLICATION AND SEARCH, THE FEE IS \$10.00 AND MUST ACCOMPANY THIS FORM.</p> <p>In the event there is no record of a cemetery return or death, a "No Record Statement" will be issued. The fee of \$10.00 for each application will be charged for the search and statement. Additional copies of cemetery returns or death records for the same recorded death will be charged \$10.00 for each.</p> <p>MAKE MONEY ORDERS, BANK CHECKS, OR BUSINESS CHECKS PAYABLE TO: "THE CITY OF PHILADELPHIA"</p> <p>ALLOW 2 TO 4 WEEKS FOR DELIVERY.</p> <p>PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITY</p>				<p>NUMBER OF COPIES</p> <p>Cemetery Return @ \$10.00 Each</p> <p>Death Record @ \$10.00 Each</p> <p>\$ _____ TOTAL FEE</p>
NAME OF DECEASED IN FULL (FIRST) (MIDDLE) (LAST)				
PLACE OF DEATH (NUMBER AND STREET)		DATE OF DEATH YEAR MONTH DAY		
AGE OF DECEASED (APPROXIMATE)		NAME OF CEMETERY WHERE BURIED		
NAME OF APPLICANT		ADDRESS OF APPLICANT		
PHONE NUMBER AND E-MAIL ADDRESS OF APPLICANT		IF REQUESTING DEATH RECORD, PLEASE CHECK ONE OF THESE OPTIONS <input type="checkbox"/> CERTIFIED DEATH FORM <input type="checkbox"/> UNCERTIFIED COPY OF ORIGINAL RECORD		
DO NOT WRITE IN SPACE BELOW - OFFICE USE ONLY				
DATE RECEIVED	DATE ANSWERED OR COPY SENT	SEARCH MADE BY	RECEIPT NUMBER	

82-157 Int. (Rev. 5/2021)

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