

# DEATH RECORD

## SEARCH APPLICATION

Mail Application to:

New Mexico Department of Health

Bureau of Vital Records and Health Statistics

PO Box 25767 Albuquerque, NM 87125

Identification Type:		
State Identification Issued:		
Identification Number:		
ID Expiration Date:		
<b>This section for Vital Records Use Only</b>		
Order No:		
SP#:	Clerk:	Date:

**Average application processing time is 6-12 weeks.**

**Processing time is subject to change, dependent on volume of incoming applications.**

Warning: False application for a vital record is a criminal offense and punishable by fine and/or imprisonment. New Mexico Vital Records requires a photocopy of your government issued picture identification.

**1. APPLICANT: Complete each item on application legibly. An incomplete application will be rejected.**

Name of Applicant		Name of Agency (If Applicant is Organization)	
Mailing Address (include City, State and Zip code)			
Provide physical address, if mailing address is PO box.			
Daytime Telephone Number ( )		Alternate Daytime Telephone Number ( )	

Only immediate family is eligible to obtain a vital record. Immediate family is defined as registrant's mother, father, sibling, child, grandchild, current spouse, maternal-grandparent and paternal-grandparent. Father and paternal grandparent are only eligible if father is listed on birth record. **Non-immediate family must provide tangible proof of legal interest for requested record.**

**2. Applicant's Relationship: What is your relationship to the person on the certificate**

<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Current Spouse	<input type="checkbox"/> Maternal Grandparent	<input type="checkbox"/> Paternal Grandparent	<input type="checkbox"/> Other (Specify)	

**3. Decedent's Full Name at death: Print First, Middle and Last name of person named on certificate (mandatory)**

			Gender
Date of death: Month/Day/Year (mandatory)		Place of Death: City/County  New Mexico	
Social Security Number (if known)	Date of Birth: Month/Day/Year (if known)	Spouse's Maiden Name (if married at time of death):	

**Make payment payable to: New Mexico Vital Records.** The fee is for the search of the record and will include one certified copy of record, if available. Search fee is non-refundable if record is not filed.

**4. Payment & Quantity**

Quantity Death Certificate @ \$ 5.00:	
Quantity Chargeable Amendment @ \$ 10.00:	
TOTAL Fees Enclosed: \$	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order	
Check or Money Order Number:	

**5. Purpose of Request: Check the reason(s) for use**

<input type="checkbox"/> Amendment to Vital Record	<input type="checkbox"/> Estate/ Probate	<input type="checkbox"/> Discharge Loan	
<input type="checkbox"/> Genealogy	<input type="checkbox"/> Legal	<input type="checkbox"/> Insurance	<input type="checkbox"/> Medical
<input type="checkbox"/> Passport/Visa	<input type="checkbox"/> Social Security	<input type="checkbox"/> Tax Purpose	
<input type="checkbox"/> Other (state other reason):			

Signature of Applicant
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Date of Application
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