



Mail Application to:

New Mexico Vital Records and Health Statistics

2554 Camino Entrada

Post Office Box 26110

Santa Fe, NM 87502

DEATH RECORD SEARCH APPLICATION

Identification Type:		
State Identification Issued:		
Identification Number:		
ID Expiration Date:		
This section for Vital Records Use Only		
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 ()		Email Address	

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	<input type="checkbox"/> CASH
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

Date of Application
