

New Mexico Death Record Search Application

New Mexico Department of Health

Bureau of Vital Records and Health Statistics

Mailing Address: PO Box 25767 ♦ Albuquerque, NM 87125

www.vitalrecordsnm.org 1-866-534-0051

Warning: False application for a vital record is a criminal offense and punishable by fine and/or imprisonment.

Complete each item on application legibly. An incomplete application will be returned.

New Mexico Vital Records requires a photocopy of your government issued picture identification.

1. APPLICANT INFORMATION:

Individual Applicant

Agency/Organization Applicant

Name of Applicant__Print First, Middle, Last Name	If Agency, Enter Full Name of Agency or Organization:
Mailing Address:	
If Mailing Address is a PO Box, please also provide your physical address.	
City, State, Zip Code	
Daytime Area Code and 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 or paternal grandparent is only eligible if father is listed on record. Non-immediate family must provide tangible proof of legal interest for requested record.

2. APPLICANT RELATIONSHIP: Indicate applicant's relationship to the person on the death certificate

3. DECEDENT INFORMATION: Print the First, Middle and Last name of the person on certificate.

Date of death: Month/Day/Year

Place of death: City/County

 , New Mexico

Decedent's Social Security Number (If Known)

Decedent's Date of Birth (If Known)

Mortuary in charge of final arrangements (If Known)

The fee is for the search of the record and will include one certified copy of record is available. A fee is non-refundable if record is not filed.

Please allow 4-6 weeks for order processing. Make payment payable to: New Mexico Vital Records

4. Payment & Quantity @ \$ 5.00 fee per certified copy

Quantity of certificates requested: _____

Payment Amount Enclosed: \$ _____

Certified Check

Check No _____

Money Order

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

Medicaid

Social Security

Estate/Probate

Genealogy

Tax Purpose

Discharge Loan

Other (state other reason):

6. Applicant Identification Type:

State Identification Issued: _____

Identification Number: _____

Identification
Expiration Date: _____

Signature of Applicant

Date of Application

This section for Vital Records Use Only

Order No.: