[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Vital Records Office/Health Department]
[Address of Office]
[City, State, Zip Code]

RE: Request for Certified Death Certificate

To Whom It May Concern,

I am writing to formally request a certified copy of the death certificate for the following individual:

- **Full Name of Deceased:** [Full Name]
- **Date of Death:** [Month/Day/Year]
- **Place of Death:** [City, County, and State]
- **Social Security Number:** [SSN - Optional/If known]
- **Date of Birth:** [Month/Day/Year]
- **Gender:** [Male/Female]

My relationship to the deceased is [State relationship, e.g., Spouse, Child, Executor]. The purpose of this request is for [State reason, e.g., Estate settlement, Insurance claim, Genealogy].

I have enclosed the following items as required for processing:

- A photocopy of my valid government-issued photo ID.
- A [Check/Money Order] in the amount of $[Amount] made payable to [Name of Agency].
- A self-addressed, stamped envelope for returning the document.

Please provide [Number] certified copies of the certificate. If you require any further information, please contact me at the phone number or email address listed above.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]