

Requesting a Certified Copy of a Death Record

Full Name of Decedent:

Date of Death:

Place of Death:

Applicant Name:

Applicant Address:

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent/Guardian
- Funeral Director
- Informant
- Descendant
- Attorney of person on record
- Genealogist ID # _____
- Other Direct & Legitimate Request

By signing below, I swear/affirm that the information listed above is true and correct.

Applicant Signature:

Today's Date: _____

CERTIFIED COPY FEES:

\$15 for 1st copy, \$6 for each additional copy requested at the same time

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other _____

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY. Thank You.

Do not retain copies of proof provided or note any specific numbers

CLERK'S STAFF ISSUING CERT: _____

Cert# _____ # of copies _____

AMOUNT PAID _____

CASH _____ CHECK# _____ CC _____

ID Type Shown: _____

ID Type Shown: _____

Eligibility Type Listed or Shown:
