

DEATH CERTIFICATE REQUEST

Full Name of Deceased: _____

Date of Death: _____ # of Copies: _____ (\$15 each \$6 each additional)

Applicant Name: _____

Applicant Address: _____

Indicate your relationship to the person whose record you have requested:

- ___ Parent ___ Guardian ___ Funeral Home
___ Descendant ___ Spouse/Registered Domestic Partner
___ Attorney of Person on Record ___ Genealogist DHHS ID# _____
___ Federal/State/Local Government Agency or Public School Official
___ Other _____

Reason for request: _____

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

Applicant Signature: _____

Today's Date: _____

Below this line is for Clerk's use only

Proof of Identity of applicant:

Applicant must provide one of these:

- ___ Driver's License# _____ ___ Government issued picture ID
___ Passport

OR two of these:

- ___ Utility bills ___ DD 214 ___ Pay Stub
___ Bank Statement ___ Vehicle Registration ___ income Tax return(W-2)
___ Personal Check w/ address ___ A previously issued vital record ___ Hospital: birth worksheet
___ License/rental agreement ___ Voter registration card ___ Disability award from SSA
___ Medicare or Medicaid card ___ School or Employee Photo ID ___ Dept. of Corrections ID card
___ Social Security card ___ Letter from government agency requesting record (DHHS, WIC)
___ Other (items include name, address, and date of birth): _____

In order to establish eligibility to acquire record:

- ___ Related applicants must provide proof of lineage plus ID.
___ Domestic Partners must provide proof of registration of domestic partnership plus ID.
___ A spouse must provide proof of marriage plus ID.
___ Attorneys must provide a signed, notarized release from family plus ID.
___ Genealogists must provide a state-issued card plus ID.
___ Government entities must provide written request on agency letterhead plus id of requestor.

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

Clerk's Initials _____