

# REQUEST FOR RECORD OF DEATH

PLEASE PRINT

Cash \_\_\_\_\_

Check \_\_\_\_\_

NUMBER OF COPIES REQUESTED \_\_\_\_\_

Application for search of death record-----fee-----\$17.00/\$8.00 additional copy

N/C \_\_\_\_\_

Request must be made by a person of legal age.

Billed \_\_\_\_\_

Full name on death record \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

The statutory fee for a SEARCH of the death record files is \$17.00. If the record is found, one certified copy is furnished. Additional copies of the same record issued at the same time are \$8.00 each.

I hereby certify that I have a personal or property right interest in the death certificate requested.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Relationship to Deceased: \_\_\_\_\_ Requestor's Phone( ) \_\_\_\_\_

Requestor's last four digits of S.S. Number or DL# Number: \_\_\_\_\_

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