

Death Certificate Request

Full name of decedent:

Date of Death:

How many copies? (\$15 for 1st copy, \$6 for each additional copy)

Applicant Name:

Applicant Address:

Applicant Telephone Number:

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

- | | |
|--|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Spouse / Registered Domestic Partner | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Federal / State / Local Government Agency or Public School official | <input type="checkbox"/> Genealogist DHHS I.D.# <input style="width: 170px; height: 20px;" type="text"/> |
| | <input type="checkbox"/> Other <input style="width: 330px; height: 20px;" type="text"/> |

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

Today's Date:

Applicant Signature _____

Applicant must provide one of these:

- Driver's License Passport

OR two of these:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Bank statements | <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Income tax return / W2 |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Hospital birth worksheet | <input type="checkbox"/> License/rental agreement | <input type="checkbox"/> Dept. of Corrections I.D. card |
| <input type="checkbox"/> Voter Registration Card | <input type="checkbox"/> Personal Check w/address | <input type="checkbox"/> Disability award from SSA | <input type="checkbox"/> Medicare / Medicaid Ins. Card |
| <input type="checkbox"/> DD 214 | <input type="checkbox"/> Pay Stub | <input type="checkbox"/> School / Employee Photo I.D. | <input type="checkbox"/> A previously issued vital record or marriage license |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) <input type="checkbox"/> Other (items that include the name, address and date of birth): _____ | | | |

Office Use Only

- Government issued picture I.D.

In order to establish eligibility to acquire record (all listed below require I.D.):

- Proof of lineage Domestic partnership registration Proof of marriage
 Signed, notarized release from family Genealogist state-issued card Written request from government agency letterhead

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

Clerk's Initial _____