

NON-REFUNDABLE SEARCH FEE

Death Certificate

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
- Funeral Director
- Informant
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

By signing below, I swear/affirm that the information above is true and correct.
Applicant Signature: _____
Today's Date: _____

\$15 for 1st copy, \$6 for each additional copy

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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 retain copies of proof provided or note any specific numbers**

STATE PERSONNEL USE ONLY _____

CERT# _____ # of copies _____

AMOUNT PAID _____

CASH _____ CHECK# _____ CC _____

ID Shown: _____

ID #: _____

Expires: _____

Notes: _____