

Fee: \$10 per certified copy or No Record Certification			
<b>Identification Requirements:</b> Application <i>must</i> be submitted with copies of either A or B. (Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)			
A. One (1) of the following forms of valid <b>photo-ID</b> <ul style="list-style-type: none"> <li>• Driver license</li> <li>• Non-driver photo-ID card</li> <li>• Passport</li> <li>• U.S. military issued photo-ID</li> </ul>	-OR-	B. Two (2) of the following showing the applicants name and address: <ul style="list-style-type: none"> <li>• Utility or telephone bills</li> <li>• Letter from a government agency dated within the last six (6) months</li> </ul>	
Name of Deceased:			Social Security No. of Deceased:
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)		Date of Birth of Deceased:	Age at Death:
From	To	<i>mm/dd/yyyy</i>	
Maiden Name of Mother of Deceased:			Death Certificate No.: (if known)
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	
Name of Father of Deceased:			Local Registration No.: (if known)
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Place of Death:			
<i>Name of Hospital or Street Address</i>		<i>Village, town or city</i>	<i>County</i>
Number of Copies Requested: (For deaths occurring as of January 1, 1998 specify with or without confidential cause of death.)			
Copies requested <b>with</b> confidential cause of death _____	Copies requested <b>without</b> confidential cause of death _____	Total number of copies requested _____	
Purpose for which Record is Required:		What is your relationship to person whose record is required?	
In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:		
<b>If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.</b>			
Signature of Applicant:	Date Signed:		<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">FOR REGISTRAR'S USE ONLY</div> (Photocopy ID and attach to application form)
➤	Month	Day	
	Year		
Address of Applicant:			
<i>(Applicant's Name)</i>			Type of ID:
<i>(Street)</i>			<input type="checkbox"/> Driver License
<i>(City)</i> <span style="float: right;"><i>(State)</i> <i>(Zip)</i></span>			Issuing state: _____
Telephone No.: ( _____ ) _____.			Expiration Date: _____
			Number: _____
			<input type="checkbox"/> Other ID, Specify
			Number: _____
			Type: _____
			Number: _____
			Type: _____