

Fee: County District - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification			
Identification Requirements: 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 photo-ID : -OR-		B. Two (2) of the following showing the applicant's name and address:	
<ul style="list-style-type: none">• Driver license• Non-driver photo-ID card• Passport• U.S. Military photo-ID		<ul style="list-style-type: none">• Utility or telephone bills• Letter from a government agency dated within the last six (6) months	
Name of Deceased: <div style="display: flex; justify-content: space-around; font-size: small;">FirstMiddleLast</div>			Social Security No. of Deceased:
Date of Death or Period to be Covered by Search: (mm/dd/yyyy) <div style="display: flex; justify-content: space-between; font-size: x-small;">FromTo</div>		Date of Birth of Deceased: <div style="text-align: center; font-size: x-small;">mm / dd / yyyy</div>	Age at Death:
Maiden Name of Mother of Deceased: <div style="display: flex; justify-content: space-around; font-size: x-small;">FirstMiddleMaiden Last</div>			Death Certificate No.: (If known)
Name of Father of Deceased: <div style="display: flex; justify-content: space-around; font-size: x-small;">FirstMiddleLast</div>			Local Registration No.: (If known)
Place of Death: <div style="display: flex; justify-content: space-between; font-size: x-small;">Name of Hospital or Street AddressVillage, town or cityCounty</div>			
Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)			
Copies requested with confidential cause of death _____		Copies requested without confidential cause of death _____	
Purpose for which Record is Required:		Total number of copies requested _____	
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:		Purpose for which Record is Required:	
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.			
Signature of Applicant: <div style="text-align: right; font-size: x-small;">Date Signed: Month Day Year ____/____/____</div>		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
Address of Applicant: <div style="font-size: x-small;">(Applicant's Name) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____</div>			
Telephone No.: () _____			
Type of ID: <input type="checkbox"/> Driver License			
Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____			