

Death Certificate Request

Full name of Decedent:

Date of Death: _____

Place of Death: _____

Applicant's Name:

Applicant's Address:

Indicate your Relationship to the person on the 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.

Proof of Identity of Applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government Issued Picture ID

Or two of these:

- Utility Bill
- Bank Statement
- Vehicle Registration
- Income Tax Return
- Personal Check w/ Address
- Previously Issued Vital Record
- Letter from government agency requesting record (DHHD, WIC)
- Department of Corrections ID Card
- Social Security Card
- 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 domestic relationship.
- Attorneys must provide a signed, notarized release from family.
- Genealogists must provide State issued ID card.

INITIALS OF STATE PERSONNEL _____

CERT# _____

NUMBER OF COPIES: _____

AMOUNT PAID: _____

CASH _____ CHECK# _____ CC _____

Notes: