

Fee: \$10 per certified copy or No Record Certification

Identification Requirements: Application *must* 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 applicants name and address:

<ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. military issued photo-ID 	<ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months
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Name of Deceased: <i>First</i> <i>Middle</i> <i>Last</i>	Social Security No. of Deceased:
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Date of Death or Period to be Covered by Search: (mm/dd/yyyy) From To	Date of Birth of Deceased: mm/dd/yyyy	Age at Death:
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Maiden Name of Mother of Deceased: <i>First</i> <i>Middle</i> <i>Maiden Last</i>	Death Certificate No.: (if known)
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Name of Father of Deceased: <i>First</i> <i>Middle</i> <i>Last</i>	Local Registration No.: (if known)
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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 with confidential cause of death _____ Copies requested without 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?
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In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
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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: ➤	Date Signed: Month Day Year ____ ____ ____	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> <p>Type of ID: <input type="checkbox"/> Driver License</p> <p>Issuing state: _____</p> <p>Expiration Date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Other ID, Specify</p> <p>Number: _____</p> <p>Type: _____</p> <p>Number: _____</p> <p>Type: _____</p>
Address of Applicant: _____ <i>(Applicant's Name)</i>		
_____ <i>(Street)</i>		
_____ <i>(City)</i> <i>(State)</i> <i>(Zip)</i>		
Telephone No.: () _____.		