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**

INITIALS OF STATE PERSONNEL _____

CERT# _____ # of copies_____

AMOUNT PAID _____

CASH _____ CHECK#_____ CC_____

ID Shown: _____

ID #: _____

Expires: _____