

DEATH CERTIFICATE

Name of Decedent: _____

Date of Death: _____

How Many Copies? _____ (\$15 for 1st copy, \$6 for each additional copy done at same time)

Applicant Name: _____

Applicant Address: _____

Indicate your relationship to the person whose record you have requested:

- | | |
|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Spouse/Registered Domestic Partner | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney or Person on Record |
| <input type="checkbox"/> Federal/State/Local Government | <input type="checkbox"/> Genealogist DHHS I.D. #: _____ |
| <input type="checkbox"/> Agency or Public School Official | <input type="checkbox"/> Other: _____ |

By my signature below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Today's Date: _____

Below line is for Clerk's use only

Proof of Identity of applicant:

Applicant must provide one of these

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government Issued I.D. |
| <input type="checkbox"/> Passport | |

OR two of these

- | | |
|---|---|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Hospital Birth Worksheet |
| <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> License/Residential Agreement |
| <input type="checkbox"/> Income Tax Return | <input type="checkbox"/> Pay Stub |
| <input type="checkbox"/> Personal Check w/Address | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> Disability Award from SSA |
| <input type="checkbox"/> Letter from Government Agency
requesting record (DHHS, WIC) | <input type="checkbox"/> Medicare/Medicaid Insurance Card |
| <input type="checkbox"/> Department of Corrections I.D. Card | <input type="checkbox"/> School or Employee Photo I.D. |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Other (items that include the name, address &
date of birth): _____ |

In order to establish eligibility to acquire record:

- Related applicants must provide proof of lineage, plus I.D.
- Domestic Partners must provide proof of domestic partnership registration, plus I.D.
- A spouse must provide proof of marriage, plus I.D.
- Attorneys must provide a signed, notarized release from family, plus I.D.
- Genealogists must provide a state-issued card, plus I.D.
- Government entities must provide written request on agency letterhead, plus I.D. of requestor

Do not retain copies of proof provided or note any specific numbers

Clerk's Initial: _____

Safety Paper Number: _____