

Death Certificate

Full Name of Decedent: _____

Date of Death: _____

How many copies? _____ (\$15 for 1st copy, \$6 for each additional copy)

Applicant Name: _____

Applicant Address: _____

Indicate your Relationship to the person on requested record below:

- | | |
|---|---|
| <input type="checkbox"/> Spouse/Registered Domestic Partner | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Federal/State/Local Government Agency or
Public School Official |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Descendant | <input type="checkbox"/> Genealogist/DHHS ID # _____ |
| <input type="checkbox"/> Attorney of person on record | |

By signing 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 picture I.D. |
| <input type="checkbox"/> Passport | |

OR two of these:

- | | |
|---|---|
| <input type="checkbox"/> Utility bills | <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/rental agreement |
| <input type="checkbox"/> Income tax return / W2 | <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 or Medicaid 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 and date of
birth): _____ |

In order to establishing eligibility to acquire record:

- Related applicants must provide proof of lineage, plus ID.
- Domestic Partners must provide proof of registration of domestic partnership, 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 of agency letterhead, plus I.D. of requester

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

FOR OFFICE USE ONLY:

Clerk's Initials: _____ # Copies Issued: _____ Amount Paid: _____ Date Issued: _____ Cash Check CC