

**Fee: County District - \$30.00 / Other Districts - \$10.00 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 applicant's name and address:  

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. Military photo-ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased:  <i>First Middle Last</i>	Social Security No. of Deceased:
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Date of Death or Period to be Covered by Search: (mm/dd/yyyy)  <i>From To</i>	Date of Birth of Deceased:  <i>mm / dd / yyyy</i>	Age at Death:
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Maiden Name of Mother of Deceased:  <i>First Middle Maiden Last</i>	Death Certificate No.: (If known)
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Name of Father of Deceased:  <i>First Middle Last</i>	Local Registration No.: (If known)
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Place of Death:  <i>Name of Hospital or Street Address Village, town or city County</i>
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Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.) Copies requested <b>with</b> confidential cause of death _____ Copies requested <b>without</b> confidential cause of death _____ Total number of copies requested _____
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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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td><td style="width: 33%; height: 20px;"></td></tr></table>				<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form) Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
Address of Applicant:  <i>(Applicant's Name)</i> _____  <i>(Street)</i> _____  <i>(City) (State) (Zip)</i> _____  Telephone No.: ( ) _____					



## **TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**