

**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:

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

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

Name of Deceased:  <i>First</i> <i>Middle</i> <i>Last</i>	Social Security No. of Deceased:
---	----------------------------------

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)  From                                      To	Date of Birth of Deceased:  <i>mm/dd/yyyy</i>	Age at Death:
---	---	---------------

Maiden Name of Mother of Deceased:  <i>First</i> <i>Middle</i> <i>Maiden Last</i>	Death Certificate No.: (if known)
---	-----------------------------------

Name of Father of Deceased:  <i>First</i> <i>Middle</i> <i>Last</i>	Local Registration No.: (if known)
---	------------------------------------

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 <b>with</b> confidential cause of death _____      Copies requested <b>without</b> 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?
---------------------------------------	---

In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
----------------------------------	--

**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; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)

Address of Applicant:  <i>(Applicant's Name)</i> _____  <i>(Street)</i> _____  <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____	Type of ID: <input type="checkbox"/> Driver License  Issuing state: _____ Expiration Date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
Telephone No.: (      ) _____.	