

# Death Certificate

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

How many copies? \_\_\_\_\_ (\$15 for 1<sup>st</sup> 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<br>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: \_\_\_\_\_

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*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<br>(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<br>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*

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**FOR OFFICE USE ONLY:**

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