

**Fee:** [REDACTED] / 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: \_\_\_\_\_ Social Security No. of Deceased: \_\_\_\_\_  
First Middle Last

Date of Death or Period to be Covered by Search: (mm/dd/yyyy) \_\_\_\_\_ Date of Birth of Deceased: \_\_\_\_\_ Age at Death: \_\_\_\_\_  
From To mm / dd / yyyy

Maiden Name of Mother of Deceased: \_\_\_\_\_ Death Certificate No.: (if known) \_\_\_\_\_  
First Middle Maiden Last

Name of Father of Deceased: \_\_\_\_\_ Local Registration No.: (if known) \_\_\_\_\_  
First Middle Last

Place of Death: \_\_\_\_\_  
Name of Hospital or Street Address Village, town or city County

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)  
 Copies requested **with** confidential cause of death \_\_\_\_\_ Copies requested **without** 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

Address of Applicant: \_\_\_\_\_  
(Applicant's Name)  
 \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City) (State) (Zip)  
 Telephone No.: ( ) \_\_\_\_\_

**FOR REGISTRAR'S USE ONLY**  
 (Photocopy ID and attach to application form)  
 Type of ID:  
 Driver License  
 Issuing state: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Other ID, Specify  
 Number: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Type: \_\_\_\_\_