

APPLICATION FOR DEATH CERTIFICATE

RECORDS AVAILABLE FROM 1853 TO THE PRESENT

| \$5.00 PER CERTIFICATE, COPY | Y OF ID REQUIRED . CASH, CRE | DIT/DEBIT CARD, OR | R MONEY ORDER ACCE | EPTED – NO CHECKS | |
|--|--|---------------------|--------------------------|--------------------------|--|
| NAME AT DEATH: | | | | | |
| First | Middle | | Last | | |
| DATE OF DEATH: | | DOB: | DOB: | | |
| | NUMBER OF COPIES REQUE | STED: | | | |
| FATHER'S FULL NAME | <u> </u> | | | | |
| | First | Middle | Last | | |
| MOTHER'S FULL MAIDEN/BIRTH NAME | Ē: | | | | |
| | First | Middle | Maiden/Birth La | ast | |
| REASON FOR REQUEST: (ITEM MUST BE COMPLETED | FOR CERTIFICATE TO BE ISSU | IED) | | | |
| | VIDUAL NAMED ABOVE, HO | | | | |
| PRINTED NAME OF APPLIC | CANT: First | Middl | le | Last | |
| SIGNATURE OF APPLICAN | IT (electronic not accepted): | | | | |
| DATE: | PHONE NUMBER: | | EMAIL: | | |
| CURRENT ADDRESS TO M | MAIL CERTIFICATE: | | | | |
| can be reached Monday thr There is an additional credit | credit/debit card, please indica rough Friday 9am to 5pm and t/debit card convenience fee of | a member of our sta | aff will contact you for | | |
| Phone number for payment | over the phone: | | | | |