

## DEATH CERTIFICATE REQUEST

# of Copies Requested \_\_\_\_\_ Today's Date \_\_\_\_\_

First Certified Copy is \$21.00; each additional certified copy of same death,  
requested at the same time is \$17.00.

### CURRENT PHOTO ID REQUIRED

Name on Death Certificate \_\_\_\_\_  
First Middle Last

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
City, Town or Village

Full Maiden Name of Mother \_\_\_\_\_  
First Middle Last (Maiden)

Full Name of Father \_\_\_\_\_  
First Middle Last

I, the undersigned do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, am legally entitled according to the Illinois State Statute (Vital Records Act) receive the requested certified copy

Person Making Request \_\_\_\_\_  
First Middle Last

Relationship to person on Death record \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Intended Use \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Form of ID** \_\_\_\_\_ **Number on ID** \_\_\_\_\_

**Expiration** \_\_\_\_\_ **Researcher** \_\_\_\_\_

Check # \_\_\_\_\_ \$ \_\_\_\_\_

**State File #** \_\_\_\_\_ **Pymnt Method**  Cash \$ \_\_\_\_\_  Credit Card \$ \_\_\_\_\_

For Office Use Only