

Death Certificate

Full Name of decedent: _____

Date of Death: _____

How many copies? _____ (\$15 for 1st copy, \$6 for each additional copy)

Applicant Name: _____

Applicant Address: _____

Indicate your Relationship to the person on requested record below:

- Spouse/ Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____
- Funeral Home
- Federal/State/Local Government Agency or Public School official
- Other _____
- None of the above (short form will be issued)

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Today's Date: _____

Below line is for Clerk's use only

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return/ W2
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- Voter Registration card
- Disability award from SSA
- Medicare/Medicaid Insurance Card
- School or Employee Photo I.D.
- Other (items that included the name, address and date of birth) _____

In order to establish eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- 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 on agency letterhead, plus I.D. of requestor

Do not retain copies of proof provided or note any specific numbers

Clerk's Initials: _____