



THE CITY OF
Mount Carmel

Bill Hudson, Mayor

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219 Market Street • Mt. Carmel, Illinois 62863

APPLICATION FOR SEARCH OF DEATH RECORD FILES

FULL NAME OF DECEASED:		FIRST	MIDDLE	LAST
PLACE OF DEATH:	HOSPITAL	CITY, VILLAGE, OR TWP.		COUNTY
DATE OF DEATH:	MONTH	DAY	YEAR	SEX: RACE: USUAL OCCUPATION:
DATE LAST KNOWN TO BE ALIVE:	MONTH	DAY	YEAR	LAST KNOWN ADDRESS: MARRIED, WIDOWED, NEVER MARRIED, DIVORCED
DATE OF BIRTH:	MONTH	DAY	YEAR	BIRTHPLACE: NAME OF HUSBAND OR WIFE:
FULL NAME OF FATHER OF DECEASED:			FULL MAIDEN NAME OF MOTHER OF DECEASED:	

The fee for a SEARCH of a death record files is **\$9.00**. If the record is found, one certified copy is furnished without further cost. Additional copies of the same record issued at the same time are **\$6.00** each.

APPLICATION MADE BY:			MAIL COPY TO:		
NAME:			NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
APPLICANT'S RELATIONSHIP TO DECEASED:		DATE:			
NUMBER OF COPIES DESIRED:		AMOUNT ENCLOSED:	MONEY ORDER, CASH, OR CERTIFIED CHECK:		