



## APPLICATION FOR VITAL RECORDS SEARCH

(FURNISH ALL POSSIBLE INFORMATION – USE TYPEWRITER OR PRINT PLAINLY)

**RECORD SEARCH FOR:**

**FULL NAME OF DECEASED:** \_\_\_\_\_

**PLACE OF DEATH:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **LAST KNOWN ADDRESS:** \_\_\_\_\_

**REQUESTOR'S INFORMATION:**

**RELATIONSHIP TO PERSON:** \_\_\_\_\_

**INTENDED USE OF CERTIFICATION:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_, **CITY:** \_\_\_\_\_, **STATE:** \_\_\_\_\_, **ZIP:** \_\_\_\_\_

The fee for a death record search is \$ 16.00 for first copy and \$8.00 for each additional copy.

NOTE: There is no charge for a certification when required by the Veterans Administration. Evidence of the V.A.'s requirement of this record must accompany the application

Death certificates are confidential records, and copies can be issued only to persons entitled to receive them.

A Photo copy of your drivers license is required. If requesting copies to be mailed a self-addressed envelope with postage attached is required

**NUMBER OF CERTIFICATIONS REQUESTED:** \_\_\_\_\_ **AMOUNT ENCLOSED: \$** \_\_\_\_\_