

**NON-REFUNDABLE SEARCH FEE**

**Death Certificate**

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Funeral Director
- Informant
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**\$15 for 1<sup>st</sup> copy, \$6 for each additional copy**

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**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
- 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
- W-2
- Voter Registration card
- Disability award from SSA
- Other \_\_\_\_\_

**Establishing eligibility to acquire record:**

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card
- Do not retain copies of proof provided or note any specific numbers

STATE PERSONNEL USE ONLY \_\_\_\_\_

CERT# \_\_\_\_\_ # of copies \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ CC \_\_\_\_\_

ID Shown: \_\_\_\_\_

ID #: \_\_\_\_\_

Expires: \_\_\_\_\_

Notes: \_\_\_\_\_