

**Fee: \$10 per certified copy or No Record Certification**

**Identification Requirements:** Application *must* be submitted with copies of either A or B.

(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

A. One (1) of the following forms of valid **photo-ID**

**-OR-**

B. Two (2) of the following showing the applicants name and address:

- |                                                                                                                                                             |                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Driver license</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>U.S. military issued photo-ID</li> </ul> | <ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the last six (6) months</li> </ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name of Deceased:  <i>First</i> <i>Middle</i> <i>Last</i>	Social Security No. of Deceased:
-----------------------------------------------------------------	----------------------------------

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)  From _____ To _____	Date of Birth of Deceased:  mm/dd/yyyy	Age at Death:
------------------------------------------------------------------------------------------	----------------------------------------------	---------------

Maiden Name of Mother of Deceased:  <i>First</i> <i>Middle</i> <i>Maiden Last</i>	Death Certificate No.: (if known)
-----------------------------------------------------------------------------------------	-----------------------------------

Name of Father of Deceased:  <i>First</i> <i>Middle</i> <i>Last</i>	Local Registration No.: (if known)
---------------------------------------------------------------------------	------------------------------------

Place of Death:

<i>Name of Hospital or Street Address</i>	<i>Village, town or city</i>	<i>County</i>
-------------------------------------------	------------------------------	---------------

Number of Copies Requested: (For deaths occurring as of January 1, 1998 specify with or without confidential cause of death.)

Copies requested <b>with</b> confidential cause of death _____	Copies requested <b>without</b> confidential cause of death _____	Total number of copies requested _____
----------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------

Purpose for which Record is Required:	What is your relationship to person whose record is required?
---------------------------------------	---------------------------------------------------------------

In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
----------------------------------	--------------------------------------------------------------------------------------------

**If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.**

Signature of Applicant:          	Date Signed: Month    Day    Year _____ _____ _____	<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)  Type of ID: <input type="checkbox"/> Driver License  Issuing state: _____ Expiration Date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
Address of Applicant:  <i>(Applicant's Name)</i> _____  <i>(Street)</i> _____  <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____		Telephone No.: (      ) _____.