

## Death Certificate

Name of decedent: \_\_\_\_\_

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

How many copies? \_\_\_\_\_ (\$15 for first copy, \$6 for each additional copy)

Applicant Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate your relationship to the person whose record you have requested:

- |   |  |
|---|--|
| <input type="checkbox"/> Spouse/Registered Domestic Partner                                 | <input type="checkbox"/> Funeral Home                                  |
| <input type="checkbox"/> Parent   | <input type="checkbox"/> Descendant                                    |
| <input type="checkbox"/> Guardian   | <input type="checkbox"/> Attorney of Person on Record                  |
| <input type="checkbox"/> Federal/State/Local Government<br>Agency or Public School Official | <input type="checkbox"/> Genealogist DHHS I.D. # _____                 |
|   | <input type="checkbox"/> Other _____                                   |
|   | <input type="checkbox"/> None of the above (short form will be issued) |

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

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

Date: \_\_\_\_\_

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### Applicant must provide one of these:

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License # _____ | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport                 |   |

### OR two of these:

- |  |   |
|--|---|
| <input type="checkbox"/> Utility Bills   | <input type="checkbox"/> DD 214                           |
| <input type="checkbox"/> Bank Statements   | <input type="checkbox"/> Hospital birth worksheet         |
| <input type="checkbox"/> Vehicle Registration  | <input type="checkbox"/> License/Rental Agreement         |
| <input type="checkbox"/> Income Tax Return   | <input type="checkbox"/> Pay Stub                         |
| <input type="checkbox"/> Personal Check with Address                                     | <input type="checkbox"/> Voter Registration Card          |
| <input type="checkbox"/> Previously used Vital Record or Marriage License                | <input type="checkbox"/> Disability award from SSA        |
| <input type="checkbox"/> Letter from government agency requesting record<br>( DHHS, WIC) | <input type="checkbox"/> Medicare/Medicaid Insurance Card |
| <input type="checkbox"/> Department of Corrections I.D. card                             | <input type="checkbox"/> School or Employee Photo I.D.    |
| <input type="checkbox"/> Social Security Card  | <input type="checkbox"/> Other _____                      |

In order to establish eligibility to acquire record:

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

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Certified Paper #: \_\_\_\_\_ Amount Collected: \_\_\_\_\_