

Death Certificate

Full Name of Decedent: _____

Date of Death: _____

How Many Copies? _____ (\$15 for 1st copy; \$6 for each additional copy)

Applicant's Name: _____

Applicant's Address: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Spouse/Registered Domestic Partner | <input type="checkbox"/> Genealogist DHHS I.D. # _____ |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Federal/State/Local Government Agency or Public School Official |
| <input type="checkbox"/> Descendant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Attorney of Person on Record | |

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

Applicant's Signature: _____

Today's Date: _____

Below line is for Clerk's use only.

Proof of Identity of Applicant (***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 Bill(s) | <input type="checkbox"/> DD214 |
| <input type="checkbox"/> Bank Statement(s) | <input type="checkbox"/> Hospital; Birth Worksheet |
| <input type="checkbox"/> Vehicle Registration | <input type="checkbox"/> License/Rental Agreement |
| <input type="checkbox"/> Personal Check with Address | <input type="checkbox"/> Pay Stub |
| <input type="checkbox"/> A Previously Issued Vital Record | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Income Tax Return/W2 | <input type="checkbox"/> Disability Award from SSA |
| <input type="checkbox"/> Letter from Government Agency Requesting Record (DHHS, WIC) | <input type="checkbox"/> Medicare or Medicaid 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 (Items that include the name, address, and date of birth.): _____ |

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 request on agency letterhead, plus I.D. of requestor.

Do NOT retain copies of proof provided or note any specific numbers.

Clerk's Initials: _____