

APPLICATION FOR SEARCH AND COPY DEATH RECORD

PLEASE PRINT LEGIBLY

(FURNISH ALL POSSIBLE INFORMATION)

Name of Deceased: _____

Place of Death: _____

Date of Death ____/____/____ Gender: _____
(MM/DD/YYYY) (M or F)

Father of Deceased: _____

Mother OF Deceased: _____
(Full Married Name) (Maiden Name)

Please indicate your relationship to the deceased: _____

PLEASE SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ALONG WITH YOUR REQUEST.

THE FEE FOR A SEARCH AND COPY IS \$4.

HOWEVER, IF THE RECORD IS LESS THAN 25 YEARS OLD, IT WILL BE A CERTIFIED COPY WITH A FEE OF \$15.

THIS RECORD IS FOR GENEALOCIGAL USE ONLY

APPLICATION MADE BY:

Address to be mailed to:

(If needing to be mailed)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State _____ Zip Code: _____

Amount: \$ _____

Signature of requester