NON-REFUNDABLE SEARCH FEE

Death Certificate

incounterdthform.doc R 12/2013

Full Name of Decedent:			Driver's License	CERT#
			Passport	
			Government issued picture I.D.	AMOUNT PAID
Date of De	eath:	OR two	o of these:	
Place of Death:			Utility bills	CASH CHEC
Applicant Name:			Bank statements	
			Vehicle registration	ID Shown:
Applicant Address:			Income tax return	
			Personal Check w/ address	ID #:
	_		A previously issued vital record	15 11.
Indicate your Relationship to the person on			Letter from government agency requesting record (DHHS, WIC)	Expires:
requested record below:			Department of Corrections I.D. card	
	Spouse		Social Security Card	Notes:
	Registered Domestic Partner		DD 214	
	Parent		Hospital; birth worksheet	
	Funeral Director		License/rental agreement	
	Informant		Pay stub	
	Guardian		W-2	
П	Descendant		Voter Registration card	
_	Attorney of person on record		Disability award from SSA	
	• •		Other	
	Genealogist ID #	Establi	shing eligibility to acquire record:	
			Related applicants must provide proof of	
By signing below, I swear/affirm that the			lineage.	
information above is true and correct.			Domestic Partners must provide proof of	
Applicant Signature:			registration of domestic partnership	
			Attorneys must provide a signed, notarized	
Today's Date:			release from family	
\$15 for 1 st copy, \$6 for each additional copy			Genealogists must provide a state-issued card	
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☐ Do not retain copies of proof provided or

note any specific numbers

Proof of identity of applicant:

Applicant must provide one of these:

STATE PERSONNEL USE ONLY						
CERT# # of co	ppies					
AMOUNT PAID						
CASH CHECK#	cc					
ID Shown:						
ID #:						
Expires:						
Notes:						