

REQUEST FOR **DEATH** CERTIFICATE FROM VITAL RECORDS
Search Fee and 1st Certified Copy \$25.00. Additional copies at this time are \$5.00 each.
CASH, CHECK, or MONEY ORDER

_____ # OF COPIES OF DEATH CERTIFICATE Amount: _____ Date: _____

NAME ON CERTIFICATE: _____

DATE OF DEATH: _____

COUNTY OF DEATH: _____

If married, name of Husband or Wife: _____

REASON FOR REQUEST: _____

Name of Requestor: _____ Relationship: _____

Address of Requestor: _____

Phone Number : _____ Signature: _____

OFFICE USE ONLY: Type of I.D. Shown _____ PAYMENT METHOD: _____ Initials of Issuer: _____