NON-REFUNDABLE SEARCH FEE

Death Certificate

NON-REFUNDABLE SEARCH FEE

incounterdthform.doc R 12/2013

Full Name of Decedent:		Driver's License
		Passport
		Government issued picture I.D.
Date of Death:	OR two	o of these:
Place of Death:		Utility bills
Applicant Name:		Bank statements
Applicant Address:		Vehicle registration
		Income tax return
		Personal Check w/ address
		A previously issued vital record
Indicate your Relationship to the person on		Letter from government agency requesting
·		record (DHHS, WIC)
requested record below:		Department of Corrections I.D. card
☐ Spouse		Social Security Card
Registered Domestic Partner		DD 214
Parent		Hospital; birth worksheet
Funeral Director		License/rental agreement
☐ Informant		Pay stub
☐ Guardian		W-2
□ Descendant		Voter Registration card
Attorney of person on record		Disability award from SSA
·		Other
Genealogist ID #	Establishing 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 1st copy, \$6 for each additional copy		Genealogists must provide a state-issued
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Proof of identity of applicant:

card

☐ Do not retain copies of proof provided or

note any specific numbers

Applicant must provide one of these:

STATE PERSONNEL USE ONLY		
CERT# # of copies		
AMOUNT PAID		
CASH CHECK# CC		
ID Shown:		
ID #:		
Expires:		
Notes:		