

Death Certificate
(Request for Certified Copies)

Full Name of Decedent: _____

Date of Death: _____ How many copies? _____

Applicant Name: _____ Tel. #: _____

Applicant Address: _____

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist – ID# _____
- Funeral Director
- None of the above (short form will be issued)

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

APPLICANT SIGNATURE

DATE

\$15 for first copy; \$6 for each additional copy

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal check with address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD-214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other _____

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card
- Do not retain copies of proof provided or note any specific numbers**

For Government Office Use Only

Initials of Municipal Personnel _____
Cert # _____ # of copies _____
Amount Paid _____
CASH _____ CHECK # _____ CC _____
ID # _____
Expires _____