Death Certificate

Full na	ame of decedent:					
Date o	f Death:					
How n	nany copies?					
	ant Name:					
	eant Address:					
мррпс	ant Address.					
T	1.4:1.	S 4 41 - 1	1	100010000000000000000000000000000000000		
Indicate your relationship to the person whose record you have requested:						
	☐ Spouse				Attorney of person on record	
	☐ Registered Domestic Partner				Genealogist ID #	
	☐ Parent				Funeral Home	
	☐ Guardian				None of the above (short form will	
	☐ Descendant				be issued)	
By my		I swear/affirm that the informa	tion abov	o ic	,	
Applic	ant Signature:					
Today	's Date:					
,		\$15 for 1 st copy, \$6 for 6	each addi	tion	al conv	
		\$15 for 1 copy, \$6 for 6	sacii addi	tion	аг сору	
		Below line is for Ci	lerk's use o	only		
Proof of	f identity of applican	~				
		Applicant must provi	ide one of t	hese.	<u> </u>	
	Driver's License			Go	vernment issued picture I.D.	
	Passport					
	OR two of these:					
	Utility bills			Soc	ial Security Card	
	Bank statements			DD	214	
	Vehicle registration			Ho	spital; birth worksheet	
	Income tax return			Lic	ense/rental agreement	
	Personal Check w/	address		Pay	stub	
	A previously issued	vital record		W-	2	
	Letter from governr	nent agency requesting record		Vo	ter Registration card	
	(DHHS, WIC)			Dis	ability award from SSA	
	Department of Corr	ections I.D. card		Oth	er	
		Establishing eligibility	to acquire	reco	rd:	
	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				
	Funeral Home must	be provider of death certificate				
		Do not retain copies of proof provi	ided or note any	y specif	ic numbers	

Clerk's Initial____