

APPLICATION FOR CERTIFICATION OF DEATH RECORD

Number of copies requested: _____ The fee is **\$18.00** for the first copy and **\$6.00** for each additional copy of the same record **ordered at the same time.**

Please PRINT Information		
Name of Decedent:	_____	_____
	First	Middle
	_____	_____
	Last	
Date of Death:	_____ / _____ / _____	
	Month	Day
		Year
Place of Death:	_____	
	City, Town or Village	

I do hereby certify that, I am legally entitled, according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy for the following reason:

_____ **I have a personal or property right interest in the record.**

_____ **I am the duly authorized agent of a person having a personal or property interest in the record.**

_____ Print Your Name

_____ Signature of Person Making this Application

_____ Street Address

_____ Relationship to Person on Document

_____ City _____ State _____ Zip

_____ Phone Number

ACCEPTABLE FORMS OF VALID IDENTIFICATION TO RECEIVE RECORDS:

Illinois Drivers License
Illinois State Identification Card
U.S. Military Identification Card
Selective Service Card

Out-of-State Drivers License
U.S. Naturalization Certificate
U.S. Immigration Card
U.S. Passport

TO RECEIVE A CERTIFICATION OF DEATH RECORD BY MAIL:

Please fill out the request form completely and send it along with a Photocopy of a current and valid acceptable form of identification (listed above) and a check or money order made payable to the **DuPage County Clerk** (\$18.00 for the first copy and \$6.00 for each additional copy of the same record) to:

MAIL COPY TO (if other than applicant):

_____ Name

_____ Street Address

_____ City _____ State _____ Zip

**PAUL HINDS
DU PAGE COUNTY CLERK
P.O. BOX 1028
WHEATON, IL 60187
630-407-5500**

www.dupageco.org/CountyClerk

For Office Use Only:

NAME:		
CASH / CREDIT / CHECK #	AMOUNT \$	INITIALS