

APPLICATION FOR CERTIFICATION OF DEATH RECORD

Number of copies requested _____ The fee is **\$12.00** for the first copy and **\$4.00** 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

Out-of-State Drivers License

Illinois State Identification Card

U.S. Naturalization Certificate

U.S. Military Identification Card

U.S. Immigration Card

Selective Service 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** (\$12.00 for the first copy and \$4.00 for each additional copy of the same record) to:

MAIL COPY TO (if other than applicant):

Name

Street Address

City

State

Zip

**GARY A. KING
DU PAGE COUNTY CLERK
P.O. BOX 1028
WHEATON, IL 60187
630-407-5500**

For Office Use Only:

Type of Record:	FETAL / MEDICAL / CORONER'S TEMP / CORONER'S PERM
NAME	CASH / CHECK #
	AMOUNT \$
	INITIALS