

APPLICATION FOR SEARCH OF DEATH RECORDS FILES

(Please use a Typewriter or print legibly)

1. Name of Deceased		First	Middle	Last
2. Place of Death		Hospital	City or Town	County
3. Date of Death	Month	Day	Year	4. Sex male____ female____
Date last known to be alive:		MM/DD/YYYY	Last Known Address	Married, Never Married, Widowed, Divorced (Specify)
Date of Birth		MM/DD/YYYY	Birthplace: (City and State or Foreign Country)	Name of Husband or Wife
Cemetery Where Buried:			Name of Funeral Director:	
Full Name of Father of Deceased:			Full Maiden Name of Mother of Deceased	
<p>YOU MUST SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ALONG WITH YOUR REQUEST.</p> <p>THE FEE FOR A SEARCH IS A \$4.00 SEARCH AND COPY FEE IF THE RECORD IS MORE THAN 25 YEARS OLD. IF THE RECORD IS LESS THAN 25 YEARS OLD AND/OR THE REQUEST IS FOR A CERTIFIED COPY, THE FEE IS \$10 FOR THE FIRST COPY AND \$6.00 FOR EACH ADDITIONAL COPY REQUESTED AT THE SAME TIME.</p>				
Number of Copies Desired:		Amount Enclosed:	If copies were received previously, show: Where	
		\$	From: _____ Approximately When: _____	
APPLICATION MADE BY:			MAIL COPY TO: (IF OTHER THAN APPLICANT)	
Name:			Name:	
Firm Name: (if any)			Firm Name: (if any)	
Street Address			Street Address	
City, State, Zip Code			City, State, Zip Code	
Applicant's Relationship to Deceased:		Date:	Intended use of Record:	
Date: _____			Home Telephone (_____) _____	
			Work Telephone (_____) _____	
Written Signature				