

APPLICATION FOR SEARCH OF A DEATH RECORD

FULL NAME: FIRST MIDDLE LAST

PLACE OF DEATH: STREET, 911 ADDRESS, OR HOSPITAL CITY OR TWP COUNTY

DATE OF DEATH: MONTH DAY YEAR SEX:

FATHER: MOTHER:

APPLICATION MADE BY:

MAIL COPY TO:

NAME:

NAME:

ADDRESS:

ADDRESS:

CITY:

CITY:

STATE: ZIP:

STATE: ZIP:

PHONE NUMBER OR EMAIL ADDRESS:

YOUR RELATIONSHIP TO THE PERSON:

INTENDED USE OF CERTIFICATION:

NUMBER OF COPIES: AMOUNT ENCLOSED:

The fee for a SEARCH of death record files is \$26.00. If the record is found, one certified copy will be furnished without further cost. Additional copies of the same record issued at the same time are \$9.00 each. Please include a copy of your Driver's License or State issued photo I.D. with your request.

Please make check payable to: Iroquois County Clerk

Mail or return form to: Breein B. Suver Iroquois County Clerk 1001 E. Grant Street Watseka, IL 60970

I, the undersigned applicant, swear or affirm that I have completed the foregoing application for a certified copy of a Vital Record and that my relationship to the individual whose name appears in the record requested is correct as stated in said application.

Signature of Applicant

Date

Please do not mark below this line-Office use only.

Certification# Date:

No record found: Initials: