

DEATH CERTIFICATE APPLICATION

Fee is \$20.00 PER COPY

NAME AND ADDRESS OF REQUESTOR:

TODAY'S DATE: _____

PHONE #: _____

FULL NAME OF PERSON: _____

DATE OF DEATH: _____

COUNTY OF DEATH : _____

NUMBER OF COPIES REQUESTED: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

SIGNATURE OF PERSON REQUESTING CERTIFICATE: _____

FOR OFFICE USE ONLY: COPIES: _____

DATE: _____

CERT.#: _____

DATE RECD. _____ REC. #: _____ BY: _____ MAIL _____

AMOUNT PAID _____ CHECK #: _____ CASH _____ PICKUP _____

