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 _____ Apt. _____ Relationship to Person on Document _____

City _____ State _____ Zip _____ Phone Number _____ E-mail Address _____

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** ($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 _____ Apt. _____

City _____ State _____ Zip _____

JEAN KACZMAREK
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