

\$20.00 fee Certified Copy -\$10.00 for extra copy; \$20.00 non-certified, \$6.00 for extra copy

APPLICATION FOR CERTIFICATION OF DEATH RECORD

Full Name of Deceased: _____

Date of Death: _____

Applicant's Signature: _____

Applicant's Address: _____

Your Phone Number: _____

Applicant's Relationship to the Deceased: _____

Number of Copies: _____

FOR OFFICE USE ONLY:

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Certificate Number: _____

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Initials: _____

Make check payable to:
Jo Daviess County Clerk

Mail completed application and payment to:
330 N. Bench St., Room 108
Galena, IL 61036

File Stamp

