

**CITY OF STREATOR**  
**DEATH CERTIFICATE APPLICATION**

(PROVIDE **ALL** REQUESTED INFORMATION – PLEASE PRINT PLAINLY)

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

**Death Certificate fee is \$20.00.**

Additional copies of the same record issued at the same time are \$7.00 each.

**FURNISH ME \_\_\_\_\_ CERTIFIED COPIES**

Your Name:		
Street Address:		
City:	State:	Zip Code:
Relationship to Person:		
Today's Date:		
Telephone Number:		

Applicant Signature: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_     Check     Money Order

**PLEASE MAKE CHECKS PAYABLE TO:**

City of Streator  
P.O. Box 517  
Streator, IL 61364  
(815) 672-2517

<b>FOR OFFICE USE ONLY</b>
DATE MAILED: _____
INITIALS: _____