

REQUEST FOR CERTIFIED COPY OF DEATH RECORD

Certificate for _____ Date of Death _____

Applicant's name _____

Why certificate is needed _____

Address _____

Phone _____ Dr. Lic.# _____

Applicant Signature _____ Date _____

According to the Vital Records Act, the local registrar may provide a certified copy of death to a duly authorized agent (includes heirs, children, spouse, administrator, executor, or attorney for estate) having a personal or property right/interest in the death. 12/10

Fee is \$20 for the first certificate and \$12 for each additional copy.

of certificates requested _____

Total Amount Enclosed: _____

Method of payment: (select one)

- Money Order
- Check
- Credit Card --- --- --- --- --- --- --- --- ---

If paying with a credit card, please provide the following:
We accept VISA/MASTERCARD/DISCOVER

Cardholder name: _____

Card #: _____

Expiration: _____

Mail completed application, check or money order, and copy of your valid driver's license or other government issued identification to:

Vital Records
Jackson County Health Department
PO Box 307
Murphysboro, IL 62966

For CREDIT CARD PAYMENT ONLY, you may fax this form to 618-684-6023.

If you have any questions, please call 618-684-3143 (ext. 104)

Notice of Language Assistance:

Jackson County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-618-684-3143

Jackson County Health Department cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-684-3143.

Jackson County Health Department postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-684-3143.

OFFICE USE ONLY: ID _____ Initials _____ Fee Received \$ _____ Mailed _____

Check Cash CC