

Jackson County Health Department

PO Box 307 ♦ Murphysboro IL 62966
(618) 684-3143

REQUEST FOR CERTIFIED COPY OF DEATH RECORD

Certificate for _____ Date of Death _____

Applicant's name _____ # of certificates requested _____

Why certificate is needed _____

Address _____

Phone _____ Dr. Lic.# _____

Applicant Signature _____ Date _____

of certificates needed: _____

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

Total Amount Enclosed: _____

If paying with a credit card, please provide the following information:

Method of payment: (select one)

We accept VISA/MASTERCARD/DISCOVER

Money Order

Cardholder name: _____

Check

Credit Card → → → → → → → → → →

Card #: _____

Expiration: _____

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

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

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

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

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

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

Check Cash CC