

REQUEST FOR RECORD OF DEATH

PLEASE PRINT

NUMBER OF COPIES REQUESTED _____

Application for search of death record-----fee-----\$23.00/\$10.00 additional copy

Request must be made by a person of legal age 18 or over.

Full name on death record _____

Date of death _____

Place of death _____

The statutory fee for a SEARCH of the death record files is \$23.00. If the record is found, one certified copy is furnished. Additional copies of the same record issued at the same time are \$10.00 each.

I hereby certify that I have a personal or property right interest in the death certificate requested.

Signature: _____

Address: _____

Relationship to Deceased: _____ Requestor's SS# or DL# _____

Requestor's Phone (_____) _____

If this request is for GENEALOGICAL PURPOSES, PLEASE CHECK HERE: _____

DO NOT FAX OR SEND THIS COMPLETED FORM VIA INTERNET, you must send it to us via mail so we have your original signature on file.

**Our mailing address is:
Montgomery County Clerk
PO Box 595
Hillsboro, IL 62049**

Questions? Call us at (217) 532-9530 M-F 8-4.