

Please complete, sign and mail with check or money order. Include required ID (see instructions)		
Name of Deceased: (First Middle Last)		Social Security No. of Deceased:
Date of Death or Period to be Covered by Search: (From mm/dd/yyyy To mm/dd/yyyy)	Date of Birth of Deceased: (mm/dd/yyyy)	Age at Death:
Maiden Name of Mother of Deceased: (First Middle Last)	Death Certificate No.: (If Known)	
Name of Father of Deceased: (First Middle Last)	Local Registration No.: (If known)	
Place of Death: (Name of Hospital or Street Address/Village, Town or City/ Country)		
Purpose for which Record is Required:	What is your relationship to person whose record is required:	
In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:	
Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.		
Signature of Applicant: _____	Date signed: (mm/dd/yyyy) _____	Applicant's Telephone No.: _____ ()
If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's driver license.	Regular Handling <input type="checkbox"/> \$10.00 x ____ (check only one) Priority Handling <input type="checkbox"/> \$10.00 x ____ (include prepaid envelope)	
Name & Address of Applicant _____ (Applicant's name) _____ (Street) _____ (city) (State) (ZIP)	Delivery Address Name: _____ Street: _____ City: _____ State & Zip: _____	