

# APPLICATION FOR CERTIFICATION OF DEATH RECORD

Number of copies requested: \_\_\_\_\_ The fee is **\$18.00** for the first copy and **\$6.00** for each additional copy of the same record **ordered at the same time.**

Please PRINT Information			
Name of Decedent:	_____	_____	_____
	First	Middle	Last
Date of Death:	____/____/____		
	Month	Day	Year
Place of Death:	_____		
	City, Town or Village		

**I do hereby certify that, I am legally entitled, according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy for the following reason:**

\_\_\_\_\_ **I have a personal or property right interest in the record.**

\_\_\_\_\_ **I am the duly authorized agent of a person having a personal or property interest in the record.**

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature of Person Making this Application

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Relationship to Person on Document

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

## **ACCEPTABLE FORMS OF VALID IDENTIFICATION TO RECEIVE RECORDS:**

Illinois Drivers License  
Illinois State Identification Card  
U.S. Military Identification Card  
Selective Service Card

Out-of-State Drivers License  
U.S. Naturalization Certificate  
U.S. Immigration Card  
U.S. Passport

## **TO RECEIVE A CERTIFICATION OF DEATH RECORD BY MAIL:**

Please fill out the request form completely and send it along with a Photocopy of a current and valid acceptable form of identification (listed above) and a check or money order made payable to the **DuPage County Clerk** (\$18.00 for the first copy and \$6.00 for each additional copy of the same record) to:

MAIL COPY TO (if other than applicant):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**PAUL HINDS  
DU PAGE COUNTY CLERK  
P.O. BOX 1028  
WHEATON, IL 60187  
630-407-5500**

For Office Use Only:

NAME:		
CASH / CREDIT / CHECK #	AMOUNT \$	INITIALS