APPLICATION FOR SEARCH OF DEATH RECORDS

Number of Copies _____ Date_____

Name on Record: _____
First Name Middle Name Last Name

Date of Death _____

Parent(s) Name _____

Qualifications. Illinois death certificates are **only available to those who have a personal or property right interest with the deceased**. If you are not a relative of the deceased, a letter or document from the office or agency that needs the death certificate must accompany the request.

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person, who has a personal or property right interest in the death certificate, and am legally entitled to the certificate, as specified by Illinois State Statute.

_____ _____
Full Name Signature

_____
Address

PLEASE CHECK THE APPROPRIATE BOX

☐ I am a relative with a personal property right interest with the decedent

☐ I am a representative from an agency or organization needing the death certificate
Intended use as a representative _____

☐ I am Surviving Spouse

☐ I am a Son/Daughter of Deceased

☐ I am the informant on the Death Certificate

For Office use only: Verification of documents_____
Picture ID Checked_____Deputy Registrars Initials_____
Receipt_____ Log_____