



ELIGIBILITY FOR DEATH RECORD

Before request for an uncertified or certified copy can be considered, you must specify your eligibility to obtain it. Illinois law states that copies of death records may be issued only as listed below:

Upon the specific written request for a uncertified/certified copy by a person, or his duly authorized agent, having a genealogical (record must be over 20 years old), personal or property right interest in the record.

If you are eligible, please indicate on the application your relationship to the person registered and the intended use of the copy. Return the application to the Illinois Department of Public Health with the proper fee.

SEND TO

Illinois Department of Public Health
Division of Vital Records
605 W. Jefferson St.
Springfield, IL 62702-5097



Illinois Department of Public Health APPLICATION FOR SEARCH OF DEATH RECORD FILES

The state began recording death records on January 1, 1916.

The fee for a certified copy of the death record is \$17. Additional copies of the same record ordered at the same time are \$2 each. The fee for an uncertified (genealogical) copy is \$10. Additional copies of the same record ordered at the same time are \$2 each.

A certified copy is a sealed photographic copy of the original death certificate suitable for all legal purposes.

An uncertified genealogical copy is a photographic copy of the original death certificate not suitable for legal purposes.

YOUR RELATIONSHIP TO PERSON

INTENDED USE OF DOCUMENT

CERTIFIED COPY \$17.00 Each

Amount enclosed \$ _____
for _____ copies

GENEALOGICAL RESEARCH (Uncertified copy)
Record must be more than 20 years old.

Amount enclosed \$ _____
for _____ copies

Make check or money order payable to ILLINOIS DEPARTMENT OF PUBLIC HEALTH. DO NOT SEND CASH

FULL NAME OF DECEASED		First	Middle	Last			
PLACE OF DEATH		Hospital	City or Town		County	State	
DATE OF DEATH	Month	Day	Year	SEX	RACE	OCCUPATION	SOCIAL SECURITY NUMBER
DATE LAST KNOWN TO BE ALIVE	Month	Day	Year	LAST KNOWN ADDRESS			MARITAL STATUS
DATE OF BIRTH	Month	Day	Year	BIRTHPLACE (City and State)			NAME OF HUSBAND OR WIFE
FULL NAME OF FATHER OF DECEASED				FULL MAIDEN NAME OF MOTHER OF DECEASED			

APPLICATION MADE BY

MAIL COPY TO (if other than applicant)

NAME (written signature)

NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

MAIL TO Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St.,
Springfield, IL 62702-5097, 217-782-6553