



## ELIGIBILITY TO OBTAIN AN ILLINOIS DEATH RECORD

Before a request for an uncertified or certified copy can be considered, you must specify your eligibility to obtain it. IICS410/535/25/4(d) states that copies of death or fetal death records may be issued upon:

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

If you are requesting a death certificate as the **duly authorized agent** or **legal representative**, please know that you must provide proof.

- We will review the request if you have a written document naming you as one of the following: a licensed attorney acting on behalf of a decedent or his/her estate; an agent authorized by power of attorney; a court-appointed personal representative, executor/administrator; or an agent with expressed, notarized authorization.

If you are requesting a death certificate as someone claiming a **legal, personal or property interest**, please know that you must provide proof.

- We will review the request if you have a written document demonstrating that you have a personal or property interest at stake, such as a will naming you, a letter on a firm's letterhead or a file-stamped copy of a complaint at law.

If you are eligible, please indicate on the front of this application your relationship to the deceased person, whose record you are requesting, the intended use of the copy and proof.

### ACCEPTABLE PROOF OF ID

A NON-EXPIRED, GOVERNMENT ISSUED PHOTO ID, such as a driver's license. If you have an extension sticker on your license, submit a **copy of both sides** of the license. If you do not have a driver's license, a photo ID Card issued by the Department of Motor Vehicles can be provided.

If your driver's license or ID Card is **expired or not available**, you must submit TWO (2) pieces of documentation with your name on them. In addition to your name, one piece must also have your current address on it to prove your identity.

ONE piece of documentation can be a bill or other USPS mail; the SECOND must be one of the items listed below:

- **Medical/car insurance card**
- **Credit card statement**
- **Paycheck stub with imprinted information**
- **Voter's registration card**
- **Car registration paperwork**
- **Bank statement**
- **Public assistance card**
- **Active duty military ID w/ issued and expiration dates**
- **EBT Link Card (Illinois Electronic Benefit Transfer)**

### SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE

Matrícula Consular card issued after October 2006 is acceptable on its own. However, if issued prior to October 2006, we need ONE additional type of documentation showing current address as noted above. If you do not have any of the items listed above, please submit a copy of a current utility bill (electricity, cellular phone, water, etc.) showing your name and current address.

If you are currently incarcerated, you can submit a dated copy of your prison intake/offender summary sheet containing your photo. If you have been released from prison within the last six months, a copy of the release papers along with the prison photo ID will be accepted.

If you are writing from a state or federal agency, you can submit a copy of your photo work badge with issued and expiration dates.



# Application for Search of Death Record Files

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

PLEASE NOTE: The state of Illinois, Division of Vital Records, in Springfield, issues certified death certificates from its electronic *Illinois Vital Registration System (IVRS)*, if the death occurred from 2008 forward. Any death record, from 2007 or before, is issued from the original paper record or from microfilm. As a result, these certificates may look slightly different, according to the year of the event, but they are all certified copies and suitable for all legal purposes.

**YOUR RELATIONSHIP TO DECEASED**

**INTENDED USE OF DOCUMENT**

(SEE OTHER SIDE FOR ACCEPTABLE PROOF OF RELATIONSHIP AND INTENDED USE)

Please indicate below the type and number of copies requested and **return this form with the proper fee and a legible copy of your non-expired government issued photo ID**. If an extension sticker is affixed to the back of the ID, both sides of the photo ID must be submitted.

(SEE OTHER SIDE FOR ACCEPTABLE PROOF OF ID)

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

<p align="center"><b>CERTIFIED</b></p> <p align="center"><b>\$19 first copy    \$4 each additional copy</b></p> <p align="center">Amount enclosed \$ _____ for _____ total copies</p>				<p align="center"><b>GENEALOGICAL (uncertified) (records older than 20 years)</b></p> <p align="center"><b>\$10 first copy    \$2 each additional copy</b></p> <p align="center">Amount enclosed \$ _____ for _____ total copies</p>			
<b>FULL NAME OF DECEASED</b>		First	Middle	Last (legal name at time of death)			
<b>PLACE OF DEATH</b>	Hospital	City or Town		County	State		
<b>DATE OF DEATH</b>	Month	Day	Year	<b>SEX</b>	<b>RACE</b>	<b>OCCUPATION</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>DATE LAST KNOWN TO BE ALIVE</b>	Month	Day	Year	<b>LAST KNOWN ADDRESS</b>			<b>STATUS (married, divorced, civil union)</b>
<b>DATE OF BIRTH</b>	Month	Day	Year	<b>BIRTH PLACE (City and State)</b>		<b>NAME OF SPOUSE OR CIVIL UNION PARTNER</b>	
<b>NAME OF FATHER/CO-PARENT OF DECEASED PRIOR TO FIRST MARRIAGE/CIVIL UNION</b>				<b>NAME OF MOTHER/CO-PARENT OF DECEASED PRIOR TO FIRST MARRIAGE/CIVIL UNION</b>			

**INDIVIDUAL REQUESTING COPIES**

**MAIL RECORD(S) TO: (If other than applicant)**

PRINT NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_  
 AGENCY \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

**NOTE:** Death Certificates are confidential records and copies can **only** be issued to persons entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the document. (SEE OTHER SIDE)

**MAIL TO:** Illinois Department of Public Health, Division of Vital Records, 925 E. Ridgely Ave., Springfield, IL 62702-2737  
 For more information - [www.idph.state.il.us/vitalrecords/index.htm](http://www.idph.state.il.us/vitalrecords/index.htm)