



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 over 20 years old), personal or property right interest in the record.

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

ACCEPTABLE PROOF OF ID

If you do not have a NON-EXPIRED, GOVERNMENT ISSUED PHOTO ID, such as a driver's license (if yours has an extension sticker, copy both sides of it) or state issued photo identification (ID), we need TWO pieces of documentation with your name, one of which must show your current address, to prove your identity. ONE piece of documentation can be a bill or other mail. The OTHER piece of documentation must be one of the following 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

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.



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

The state began recording death records on January 1, 1916

PLEASE NOTE: Information from deaths that occurred prior to 1999 is very limited and only a short form version with limited information is available. Deaths from 1999 through 2007 will contain a little more information, not all, but does include social security number. Only deaths that occurred from 2008 to present will contain full information including the cause of death.

Based upon the year of death and your intended use of the document, the copy may not meet your purposes. In those instances, we suggest that you contact the county clerk in the county in which the death occurred.

A certified copy is a state sealed copy printed through our Illinois Vital Records System for legal purposes and will contain only the information available.

YOUR RELATIONSHIP TO DECEASED

INTENDED USE OF DOCUMENT

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>CERTIFIED \$17.00 first copy \$2.00 each additional copy Amount enclosed \$ _____ for _____ total copies</p>	<p>GENEALOGICAL (uncertified) (records older than 20 years) \$10.00 first copy \$2.00 each additional copy Amount enclosed \$ _____ for _____ total copies</p>
<p>FULL NAME OF DECEASED First Middle Last (legal name at time of death)</p>	
<p>PLACE OF DEATH Hospital City or Town County State</p>	
<p>DATE OF DEATH Month Day Year SEX RACE OCCUPATION SOCIAL SECURITY NUMBER</p>	
<p>DATE LAST KNOWN TO BE ALIVE Month Day Year LAST KNOWN ADDRESS STATUS (married, divorced, civil union, etc.)</p>	
<p>DATE OF BIRTH Month Day Year BIRTH PLACE (City and State) NAME OF SPOUSE OR CIVIL UNION PARTNER</p>	
<p>NAME OF FATHER/CO-PARENT OF DECEASED PRIOR TO FIRST MARRIAGE/CIVIL UNION NAME OF MOTHER/CO-PARENT OF DECEASED PRIOR TO FIRST MARRIAGE/CIVIL UNION</p>	

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 Avenue, Springfield, IL 62702-2737
For more information - www.idph.state.il.us/vitalrecords/index.htm