

REQUEST FOR CERTIFIED COPY OF DEATH

FULL NAME OF DECEASED: _____

PLACE OF DEATH: _____
(Hospital, Town, County)

PLACE OF DEATH: _____
(IF OTHER THAN HOSPITAL) (City, Village, or Township/County)

DATE OF DEATH: _____ SEX: _____ RACE: _____

MARITAL STATUS: _____

NO. OF COPIES _____ AMOUNT PAID: _____

APPLICATION MADE BY:

NAME (Printed): _____

NAME (Signature): _____

FIRM NAME (If any): (Printed) _____

ADDRESS: _____

TELEPHONE NUMBER: _____

APPLICANT'S RELATIONSHIP TO DECEASED: _____

IF NOT A FAMILY MEMBER-STATE INTENDED USE OF RECORD:

DATE APPLICATION MADE: _____

FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT
8160 EXPRESS DRIVE
MARION, ILLINOIS 62959
PHONE: 618-993-8111

403 EAST PARK
BENTON, ILLINOIS 62812
PHONE: 618-439-0951

- FEE: \$22.00 FOR 1st COPY AND \$10.00 FOR EACH ADDITIONAL COPY ORDERED AT THE SAME TIME.
- PLEASE PUT YOUR DRIVER'S LICENSE NUMBER ON YOUR CHECK.
- PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR A GOVERNMENT ISSUED PHOTO ID IF YOU DO NOT HAVE A DRIVER'S LICENSE.