

REQUEST FOR RECORD OF DEATH
PLEASE PRINT

PHOTO ID REQUIRED

NUMBER OF COPIES REQUESTED _____

Application for search of death record-----fee-----\$23.00/\$10.00 additional copy
Request must be made by a person of legal age 18 or over.

Full name on death record _____

Date of death _____

Place of death _____

Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of \$10,000 or both (410 ILCS 535/27). I do hereby certify that, as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled to a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.

I hereby certify that I have a personal or property right interest in the death certificate requested.

Signature: _____

Address: _____

Relationship to Deceased: _____

Requestor's Phone (____) _____

DO NOT FAX OR SEND THIS COMPLETED FORM VIA INTERNET, you must send it to us via mail so we have your original signature on file.

**Our mailing address is:
Montgomery County Clerk
P.O. Box 595
Hillsboro, IL 62049**

Questions? Call us at (217) 532-9530 Monday -Friday 8-4 p.m.