

**REQUEST FOR RECORD OF DEATH**  
PLEASE PRINT

NUMBER OF COPIES REQUESTED \_\_\_\_\_  
Application for search of death record \_\_\_\_\_ fee \_\_\_\_\_ \$19.00/\$10.00 additional  
copy  
Request must be made by a person of legal age.

Full name on death record \_\_\_\_\_

Date of death \_\_\_\_\_

Place of death \_\_\_\_\_

The statutory fee for a SEARCH of the death record files is \$19.00. If the record is found,  
one certified copy is furnished. Additional copies of the same record issued at the same  
time are \$10.00 each.

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Requestor's SS# or DL# \_\_\_\_\_

Requestor's Phone ( \_\_\_\_\_ ) \_\_\_\_\_

If this request is for GENEALOGICAL PURPOSES, PLEASE CHECK HERE: \_\_\_

**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  
PO Box 595  
Hillsboro, IL 62049**

**Questions? Call us at (217) 532-9530 M-F 8-4.**