**BIRTH AND DEATH CERTIFICATE APPLICATION**

# HOW WOULD YOU LIKE TO RECEIVE CERTIFICATES?

SAME DAY PICKUP \_\_\_ MAILED \_\_\_ HOLD FOR PICKUP \_\_\_

WHAT TYPE OF CERTIFICATE ARE YOU WANTING TODAY?

(Please circle one) BIRTH $24.00 or DEATH $27.00

I

REQUESTOR'S NAME (YOUR NAME): ADDRESS:

CITY, STATE, ZIP:

PHONE#:

**BIRTH OR DEATH RECORD INFORMATION**

NAME ON RECORD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH OR DEATH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MANY COPIES WOULD YOU LIKE TO ORDER?

IF **REQUESTING A DEATH CERTIFICATE,** WHERE DID THE DEATH OCCUR (CITY, TWP, OR VILLAGE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF REQUESTOR (FUNERAL HOMES: PLEASE LIST THE FUNERAL HOME NAME AS WELL):

All death certificates for deaths within the last five years will \_be issued without a social security number unless identification is provided confirming you are one of the below listed authorized

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requestors:

\_ Decendent's spouse or lineal descendent

(IE: child, grandchild, great grandchild or adopted child}

\_ Executor or administrator of the estate or agent

\_ Federal, State or Local Government official

Press or Media

\_ Licensed funeral director or agent

\_ Agent of power of attorney Other

PAYMENT INFORMATION

ESCROW PAYMENT ACCOUNT#\_\_\_\_\_\_\_\_\_

CASH PAYMENT

AMOUNT $ \_\_\_\_\_\_\_\_\_

CREDIT CARD PAYMENT

NAME ON CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

PHONE NUMBER: CC# :

EXP.DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ELECTRONIC CHECK PAYMENT

NAME ON ACCOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

PHONE#:

ROUTING#: \_ ACCOUNT NUMBER: \_

DOB FOR PRIMARY ACCOUNT HOLDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIPT#: \_ DATE: \_

REV. 12/23 dc