APPLICATION FOR SEARCH OF DEATH RECORD FILES

(PROVIDE ALL REQUESTED INFORMATION- PLEASE PRINT CLEARLY)

<u>A COPY OF YOUR I.D. MUST BE PROVIDED BEFORE REQUEST WILL BE MADE</u>

FIRST MIDDLE LAST

FIRST	MIDDLE	LASI	
FULL NAME	ı		
OF DECEASED:			
HOSPITAL	CITY, VILLAGE OF	R TOWNSHIP COUNTY	
PLACE OF	•		
DEATH:	ran I		
MÖNTH DAY Y DATE OF	EAR	CERTIFICATE	
DEATH:	SEX:	NUMBER:	
		TOMBER.	
The fee f	on a CEADCH fou a Ju	eath record file is \$13.00.	
		icluded as part of the \$13.00.	
Additional copies o	f the <u>same</u> record issue	ed at the <u>same</u> time are \$8.00 each.	
the recording of death re Death records are filed w There is no charge for a	ecords. Therefore, some vith the County Clerk is certification when required	ear 1874. State law did not always require ne requested records may not be on file. In the County where the death occurred. Quired by the Veterans Administration. Cord must accompany the application.	
	RNISH MECE		
NAME (PRINT):	1		
SIGNATURE:			
ADDRESS:	· · · · · · · · · · · · · · · · · · ·	,	
CITY:	STATE:	ZIP CODE:	
YOUR RELATION		INTENED USE OF	
TO PERSON:		· •	
TO PERSON:	1	CERTIFICATION:	
TODAYIC		TELEBIIONE	
TODAY'S		TELEPHONE	
DATE:		NUMBER:	
Amount Enclosed: \$	Cash [Check Money Order	
	PLEASE MAKE CHECK INA DOLDER- PUTNAM 120 N. 4 TH ST. [†] P.O HENNEPIN, IL	COUNTY CLERK D. BOX 236	
	FOR OFFICE	ONLY	
CERTIFICATE NI INABED		IN DEDCOM OR ID ATTACHES.	
CERTIFICATE NUMBER:		IN PERSON OR ID ATTACHED:	