

DEATH CERTIFICATE APPLICATION

City of Harvey
15320 Broadway Ave., Harvey, IL 60426

Before filling out this application be certain that the death occurred at **Ingalls Hospital or in Harvey.**

PLEASE PRINT CLEARLY

Full Birth Name: _____
First
Middle
Last

Date of Death: _____
Month
Day
Year

of Copies: _____

Indicate what document is needed for:

___ **Insurance**
 ___ **SSI**
 ___ **Other:** (Please Specify) _____

COST: **\$17 FOR ONE (1) CERTIFIED COPY**
 \$6 FOR EACH ADDITIONAL COPY OF THE SAME CERTIFICATE PER REQUEST.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF HARVEY
All personal checks require a driver's license and home phone number for check verification.

One (1) photo ID is required in order to obtain the death certificates.
Examples of Acceptable photo ID: **Current Driver's License** **State ID**
 Current Passport **Military ID**

If you are not a relative of the deceased you must provide documentation pertaining to why you need the record. (ex. Insurance papers or a Will listing you as beneficiary, etc.)

For requests made by mail please send in photo copies of required ID only. To ensure processing, make sure all copies are legible.

I, the undersigned, do hereby certify that the information contained in this application is true and correct and that I am legally entitled to receive the requested information.

Print Name

Signature

Mailing Address

Relationship to person on Document
 ___ Parent ___ Other (specify) _____

City State Zip Code

(____) _____ -- _____
Phone No.