## County Clerk and Recorder 2 S Pacific CL #3, Dillon, MT 59725 County Application PLEASE READ THESE INSTRUCTIONS CAREFULLY

## WHO CAN ORDER A DEATH CERTIFICATE?

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

## **IDENTIFICATION IS REQUIRED**

| The person signing the request must have a signature or the requestor must have a signature of the request of the |  | of both sides of their valid driver's l  | icense or other legal picture identification with a   |
|---|--|--|---|
|   | 11   | ested Identification   |   |
| Picture ID with a Signature   | OR Two Forms of ID – C   | Dne MUST have a Signature  | OR  |
| <ul> <li>Driver's License</li> <li>State ID Card</li> <li>Passport</li> <li>Military ID Card</li> <li>Tribal</li> </ul>   | <ul> <li>Social Security Card</li> <li>Work ID Card</li> <li>Car registration/Insurance</li> <li>Doctor/Medical record</li> <li>Fishing License</li> <li>US Military DD 214</li> <li>Utility Bill with a current address</li> <li>Voter Registration Card</li> </ul> | <ul> <li>Credit/Debit/ATM Card</li> <li>School ID Card</li> <li>Library Card</li> <li>Insurance Record</li> <li>Pay Stub</li> <li>Traffic/ Pawn ticket</li> <li>Court record</li> <li>Year Book</li> </ul> | <ul> <li>Notarized Montana Office of Vital Statistics<br/>Statement to Identify certified Birth or Death<br/>Certificate Applicant form (you must<br/>provide the original letter, not a photocopy<br/>or faxed copy)</li> <li>Have an authorized family member that has<br/>an ID order the certificate</li> </ul> |
| the ID when mailing your request  | not available, two other forms of identific  | <b>•</b> ·   | a signature. Please include photocopies of both sides of  |
|   | ntification requirement is <u>NOT</u><br>processing your order may occu  |  | ncomplete, your request will be returned  |
| and significant delays in p   |  |  |   |
| INFORMATIONAL COPIE   | <u><b>FEE</b> (AII</u><br><u><b>DEATH CERTIFICATE</b></u> cost \$3.00 for<br><u>SOFA DEATH CERTIFICATE</u> the c<br>ear. (An informational copy will be issued   | ost is \$.50. (non-refundable)   | )   |
| Please complete the following in  | formation.   |  |   |
| Decedent's Name:  |  |  |   |
| Date of Death (We need a date to  | begin searching if date is unknown):   |  | Date of Birth:  |
| Place of Death:   |  | Place of Birth:  |   |
| Parents Names:  |  |  |   |
| Occupation:   | Sp   | oouse's Name:  |   |
| Number of Copies  | Sp<br>Type of record needed? Certi   | fied Not Certifi   | ed  |
|   |  |  |   |
| Mailing or Delivery Addr  | 'ess:  |  |   |
| Name:   |  |  |   |
|   |  |  |   |
|   | Daytime Telephone Number:  |  |   |
| gnature of Applicant:   |  |  | nship:  |
|   |  | (For use if needed)  |   |
|   |  |  | asis of satisfactory evidence to be the signer of the   |
| above instrument.   |  | i i i i i i i j <u>r</u>   |   |
|   | e this   | day of 20  | Official Use Only   |
|   | 1 1 1 <del></del>  |  | ·   |
|   |  |  | Date<br>Rec#  |
|   |  |  |   |
| SEAL  | Signature:   |  | Amount<br>Cert #  |
|   | Printed Name:  |  |   |
|   |  | tate of  |   |
|   |  | ,  | Comment   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT, OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114(C), MCA)