

# Death Record Request Form



Kentucky Dept. for Libraries and Archives  
P.O. Box 537, 300 Coffee Tree Road  
Frankfort, KY  
40602

Phone: 502.564.8300  
Fax: 502.564.5773  
<http://kdla.ky.gov>

Date:

## Your Contact Information

Name:

Address:

City:

State/Province:

Daytime

Phone Number:

Email Address

## Death Record Requested

Full Name of  
Person to be  
Searched

Date of Death

County of Death

City / Town,  
if known

Race

Age at Death,  
if known

Certificate Number  
if known  
(1911-1959 only)

Submit only one form & one payment at a time.

I have enclosed the required fee to process this request.

Select Fee Type