

Office of the Jersey County Clerk

Death Certificate Request Form

Name of Decedent: _____

Date of Death: _____

Place of Death: _____

Name of Requestor: _____

Phone Number of Requestor: _____

Relationship to the Person on Death Certificate:

Parent

Guardian

Other _____

I, the undersigned, hereby certify that I am a person, or a duly authorized agent of a person, who has a personal or property right interest in the death certificate, and am legally entitled to the certificate, as specified by Illinois State Statute (410 ILCS 535/25, from Chapter 111 ½ par. 73-25)

Signature of Requestor: _____

Date of Application: _____

Address: _____

Fee for Search: \$14.00 (includes one certified copy) \$8.00 for each additional copy

PLEASE PROVIDE A COPY OF A CURRENT GOVERNMENT-ISSUED PHOTO ID