## APPLICATION FOR A SEARCH OF DEATH RECORD

## For all deaths since January 1999

Data

				Date	
Full Name of Deceased					
	First	Middle		Last	
Date of Death		Place of Death			
• • • • • • • • • • •		******	•	State	
Applicant's Name					
Applicant's Address				_	
Your Relationship to the	Deceased				
Reason for Request of C	ertified Copies _				
Signature of Applicant _					
Number of Copies Requ	ested				

\$17.00 for first copy \$8.00 for each additional Make checks Or Money Orders payable to: MCHD (All requests must be accompanied by a photo ID or the request will be returned)

Please send a photocopy of ID (such as a driver's license), check or Money Order, plus signed completed form to:

McLean County Health Department Attn: Registrar 200 W. Front St. Rm 304 Bloomington, IL 61701

If you have questions, please call 309-888-5481. We only provide certified death certificates for deaths occurring since January 1999 in McLean County. For deaths that occurred prior to January 1999, please check the McLean County Clerk's website for information on how to obtain copies: http://mcleancountyil.gov/countyclerk/