

TENNESSEE DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH

Date:				Number of Copies Enclose \$7.00 for each copy.				
Full Name of Deceas	a di				Enclose \$7.0	o for each copy.		
First			Middle			Last Name		
Date of Death:	nth	Day	Year	Sex:	Male or Female	Age at Death:		
Place of Death:	City			Count	/	State		
Name of Funeral Ho	me:							
Location of Funeral	Home:							
	<u> </u>	City			County		State	
Signature of Person	Making Re	equest:						
Relationship to the	Deceased:							
Purpose of Copy:								
issued form of identifi entitlement to the reco Do You Want the Ce Telephone Number V IT IS UNLAWFUI A fee of \$7.00 is charg this office. If the cert before and the year at	ord or inform artificate to Where You _ TO WILLF ged for the s ificate is no	ation requester Show Cause may be Reac ULLY AND Ki search of the re t found with th	d should also b of Death? hed for Additi NOWINGLY M cords even if n e date of death	e submi YES onal Inf AKE AN to record to you pr	tted. INO Ormation: (IY FALSE STATE! Is found and inclu ovide, a search will) MENT ON THIS APP Ides one copy if the be made in the reco	PLICATION. record is filed in ords for the year	
check or money order write or call Tennesse	r made paya	ble to Tenness	see Vital Record					
PH-1663 (Rev. 08/12)							RDA S836.1	
		FILL	OUT BELOW	/ DO NC	OT DETACH			
DDINT many and a lite		n fah fl	a subfigure a sure of the	- 4- H-				
PRINT name and addre	ess of perso	n to wnom the	certified copy is	s to de n	nalled.	SEND TO:		
					421 5 th — 1 st floo	ssee Vital Record Avenue North r, Central Services Ile, TN 37243	-	
City		State	Zip Code					