APPLICATION FOR CERTIFIED DEATH CERTIFICATE

The fee for a search of the death record is **$23.00**. If the record is found, one CERTIFIED COPY is issued at no additional charge. Additional certified copies of the same record ordered at the same time are **$8.00** each. Please indicate below the number of copies requested and return this form with the proper fee. Make check or money order payable to: **City of Alton**. **Please send a copy of your ID containing your signature.**

_____

I am requesting _____ certified copies. I am enclosing the fee(s) of $_____

_____

FULL NAME ON CERTIFICATE FIRST MIDDLE LAST

_____

PLACE OF DEATH (Street, R.F.D., Hospital) CITY OR TOWN

_____

DATE OF DEATH MONTH _____ DAY _____ YEAR _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

REASON FOR REQUEST _____

Application Made By:

_____

NAME (Typed or Printed) Your Relationship to Deceased

_____

Signature

_____

Street Address City State Zip Code

_____

Phone # _____-_____- _____

Please return application to: Alton City Clerk
101 East 3rd Street
Alton, IL 62002

Telephone: (618)463-3522
Fax: (618)463-3520