APPLICATION FOR DEATH CERTIFICATE

CITY OF ALTON, ILLINOIS

City Clerk's Office

101 E Third • Suite 101 • Alton, Illinois 62002

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

E-mail: certificates@cityofaltonil.com
Website: www.cityofaltonil.com

The fee for a CERTIFIED COPY of a death record is **$23.00**. 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. Payment may be made by check or money order payable to: **City of Alton** or with a debit or credit card online (through the City of Alton webpage at www.cityofaltonil.com).

***Must enclose 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 # Email Address