



APPLICATION FOR DEATH CERTIFICATE

CITY OF ALTON, ILLINOIS

Mary T. Boulds • City Clerk

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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
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PLACE OF DEATH	(Street, R.F.D., Hospital)	CITY OR TOWN
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DATE OF DEATH	MONTH	DAY	YEAR
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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 #