

APPLICATION FOR SEARCH AND COPY DEATH RECORD
PLEASE PRINT LEGIBLY
(FURNISH ALL POSSIBLE INFORMATION)

Name of Deceased: _____

Place of Death: _____

Date of Death ____/____/____ Gender: _____
(MM/DD/YYYY) (M or F)

Father of Deceased: _____

Mother OF Deceased: _____
(Full Married Name) (Maiden Name)

Please indicate your relationship to the deceased: _____

CONTACT NUMBER: _____

PLEASE SUBMIT A COPY OF YOUR STATE ID OR DRIVER'S LICENSE ALONG WITH THIS REQUEST.
THE FEE FOR A SEARCH AND COPY IS \$4.
HOWEVER, IF THE RECORD IS LESS THAN 25 YEARS OLD, IT WILL BE A CERTIFIED COPY
WITH A FEE OF \$15.

THIS RECORD IS FOR GENEALOCIGAL USE ONLY
PLEASE MAKE ALL CHECKS PAYABLE TO WHITE COUNTY CLERK

APPLICATION MADE BY:

Address to be

mailed to:

(If needing to be mailed)

Name: _____

Name: _____

Amount Sending: \$ _____

Address: _____

City: _____ State _____ Zip _____

Code: _____

Signature of Requester

Mail request to:
White County Clerk
PO BOX 339
Carmi IL 62821

