
Barbara M. Link

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APPLICATION FOR SEARCH OF DEATH RECORD FILES

ONE CERTIFIED COPY IS \$14.00 – EACH ADDITIONAL COPY OF SAME RECORD \$6.00, SEND MONEY ORDER, CASH, OR CERTIFIED CHECK ONLY

NAME OF DECEASED: _____
FIRST MIDDLE LAST

PLACE OF DEATH: _____
HOSPITAL CITY/TOWN COUNTY

DATE OF DEATH: ____/____/____ SEX: MALE____ FEMALE____

LAST KNOWN ADDRESS: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____
MAIDEN NAME

NAME OF HUSBAND/WIFE: _____

APPLICATION MADE BY:

NAME: _____ PHONE #: _____
(Signature)

ADDRESS: _____

RELATIONSHIP TO DECEASED: _____

INTENDED USE OF RECORD: _____

MAIL COPY TO: _____

PLEASE ENCLOSE A SELF-ADDRESS
STAMPED ENVELOPE

OFFICE USE ONLY

FETAL DEATH: _____

MEDICAL DEATH: _____

CORONER'S TEMP: _____

CORONER'S PERM: _____