

APPLICATION FOR SEARCH OF DEATH RECORD FILES

<i>FULL NAME OF DECEASED:</i>				<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>PLACE OF DEATH:</i>		<i>Hospital</i>	<i>City, Village, or Twp.</i>		<i>County</i>	
<i>DATE OF DEATH:</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>SEX:</i>	<i>RACE:</i>	<i>USUAL OCCUPATION:</i>
<i>DATE LAST KNOWN TO BE ALIVE:</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>LAST KNOWN ADDRESS:</i>	<i>MARRIED, WIDOWED, NEVER MARRIED, DIVORCED:</i>	
<i>DATE OF BIRTH:</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>BIRTHPLACE:</i>	<i>NAME OF HUSBAND OR WIFE:</i>	
<i>FULL NAME OF FATHER OF DECEASED:</i>				<i>FULL MAIDEN NAME OF MOTHER OF DECEASED:</i>		

<i>Application made by:</i>				<i>Mail copy to:</i>		
<i>NAME:</i>				<i>NAME:</i>		
<i>STREET ADDRESS:</i>				<i>STREET ADDRESS:</i>		
<i>CITY:</i>	<i>STATE:</i>	<i>ZIP CODE:</i>		<i>CITY:</i>	<i>STATE:</i>	<i>ZIP CODE:</i>
<i>APPLICANT'S RELATIONSHIP TO DECEASED:</i>				<i>Date:</i>	<i>INTENDED USE OF RECORD:</i>	
<i>NUMBER OF COPIES DESIRED:</i>				<i>AMOUNT ENCLOSED:</i>	<i>MONEY ORDER, CASH, OR CERTIFIED CHECK:</i>	

VR 280--County Clerk and Local Registrar

1st copy is \$14, each additional copy is \$7/each. We accept cash, check or money order. Please fill out the information above and mail to:

Red Bud City Hall
 200 East Market St.
 Red Bud, IL 62278

For questions, call 618-282-2315.