

# APPLICATION FOR SEARCH OF DEATH RECORD FILES

<b>FULL NAME OF DECEASED:</b>			FIRST	MIDDLE	LAST
<b>PLACE OF DEATH:</b>		HOSPITAL	CITY, VILLAGE, OR TWP.		COUNTY
<b>DATE OF DEATH:</b>	MONTH	DAY	YEAR	<b>SEX:</b>	<b>RACE:</b>
			<b>USUAL OCCUPATION:</b>		<b>MARRIED, WIDOWED, NEVER MARRIED, DIVORCED</b>
<b>DATE LAST KNOWN TO BE ALIVE:</b>	MONTH	DAY	YEAR	<b>LAST KNOWN ADDRESS:</b>	
<b>DATE OF BIRTH:</b>	MONTH	DAY	YEAR	<b>BIRTHPLACE:</b>	<b>NAME OF HUSBAND OR WIFE:</b>
<b>FULL NAME OF FATHER OF DECEASED:</b>			<b>FULL MAIDEN NAME OF MOTHER OF DECEASED:</b>		



<b>APPLICATION MADE BY:</b>	<b>MAIL COPY TO:</b>
<b>NAME:</b>	<b>NAME:</b>
<b>STREET ADDRESS:</b>	<b>STREET ADDRESS:</b>
<b>CITY: STATE: ZIP CODE:</b>	<b>CITY: STATE: ZIP CODE:</b>
<b>APPLICANT'S RELATIONSHIP TO DECEASED:</b>	<b>DATE:</b>
<b>NUMBER OF COPIES DESIRED:</b>	<b>AMOUNT ENCLOSED:</b>
<b>MONEY ORDER, CASH, OR CERTIFIED CHECK:</b>	

A photo ID needs to be submitted with this application.  
\$14.00 for 1st copy. \$7 for each additional copy.