



PROVISO TOWNSHIP CLERK
DEPARTMENT OF VITAL RECORDS
DEATH RECORD REQUEST FORM

4565 Harrison St., Hillside, IL. 60162
Telephone: (708) 449-4303 – Website: provisotownship.com

Official Use Only

Received by: _____

Date Received: _____

OF COPIES: _____

NAME: _____

(DECEASED) FIRST MIDDLE LAST

DATE OF DEATH: _____

MONTH/DATE/YEAR

PLACE OF DEATH: _____

CITY OR VILLAGE IN PROVISO TOWNSHIP

I, THE UNDERSIGNED DO HEREBY CERTIFY THAT I AM A PERSON, OR A DUTY AUTHORIZED AGENT OF A PERSON, WHO HAD THE PERSONAL OR PROPERTY RIGHT INTEREST IN THE DEATH CERTIFICATE, AND AM LEGALLY ENTITLED TO THE CERTIFICATE, AS SPECIFIED BY LAW (410 ILCS 535/5 [4] [D]).

YOUR NAME: _____

FIRST LAST

SIGNATURE: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP CODE

RELATIONSHIP TO DECEASED: _____

PRICE: 1ST CERTIFIED DEATH CERTIFICATE \$13.00

ADDITIONAL \$4.00

ACCEPT CASH, CARD, CHECKS, AND TAP AND PAY