APPLICATION FOR SEARCH AND COPY DEATH OR CERITIFIED COPY

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 $6. THE FEE FOR CERTIFIED $20.

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

APPLICATION MADE BY:

Name: _____

Amount Sending: $_____

Address to be mailed to:
(If needing to be mailed)

Name: _____

Address: _____

City: _____ State_____ Zip Code: _____

_____
Signature of Requester

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