

Death Request Form

Applicant Information:

Name & Address:

Phone #: (_____) _____ - _____

Relationship to person on Certificate:

(i.e. Self, Mother, Father)

Death Information:

Name of Deceased:

Date of Death:

Place of Death: _____

Number of Copies: _____

Intended use of Certificate: _____

Request must include a photocopy of a current identification

Signature of Applicant: _____

Mail application to :

**Randolph County Clerk
#1 Taylor Street Room 202
Chester, IL 62233
(618)826-5000 x191**