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: _____ (*$13 for the 1st copy and $5 for each additional copy)*

Intended use of Certificate: _____

Request must include a photocopy of a current identification

Signature of Applicant: _____

Mail Request to: **Randolph County Clerk**

#1 Taylor Street Room 202

Chester, IL 62233

(618)826-5000 x191