



**VITAL STATISTICS DIVISION
APPLICATION FOR CERTIFIED DEATH CERTIFICATE**

\$19.00 per copy

Full Name of Deceased _____

Date of Death _____

Number of Copies _____ Place of Death _____

Applicant's Signature _____

Applicant's Name Printed _____

Address (current) _____

_____ City _____ State _____ Zip _____

Burial cremation permit _____ Yes _____ No _____

*****For Office Use Only*****

Date _____ Receipt # _____ Amount \$ _____

Pick-up/Mail _____ Clerk Issuing _____

Vol# _____ Page # _____