**Section 500.APPENDIX F Death Records**

**Section 500.ILLUSTRATION D Application for Search of Death Record Files**

APPLICATION FOR SEARCH OF DEATH RECORD FILES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The fee for a search of the files is $10.00. If the record is found, one \*CERTIFICATION is issued at no additional charge. Additional certifications of the same record ordered at the same time are $2.00 each. The fee for a \*\*FULL CERTIFIED COPY is $15.00. Additional certified copies of the same record ordered at the same time are $2.00 each.  The fee for a 5 years search for genealogical research is $10.00. If found, one UNCERTIFIED copy of the record will be issued at no additional charge. Each additional year searched is $1.00. NOTE: STATE DEATH RECORDS BEGAN JANUARY 1, 1916. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* | | A CERTIFICATION shows only the name of deceased, sex, place of death, date of death, date filed, and certificate number. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* | | A FULL CERTIFIED COPY is an exact photographic copy of the original death certificate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFIED COPY | | | | | | | | | | | | | | | | | CERTIFICATION | | | | | | | | | | | | | | | GENEALOGICAL RESEARCH | | | | | | | |  | | | |
| $15.00 Each | | | | | | | | | | | | | | | | | $10.00 Each | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Amount Enclosed: $ | | | | |  | | | | | | | | | |  | | Amount Enclosed: $ | | | | | | | |  | | | | | |  | Amount Enclosed: $ | | | | | |  | | | | | |
| for | | |  | | | copies | | | | | | | | | | | for | | | | |  | | | copies | | | | | | | for | | | |  | | | year search | | | | |
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| (DO NOT SEND CASH) | | | | | | | | | | | | | Make check or money order payable to: | | | | | | | | | | | | | | | | Illinois Department of Public Health. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | First | | | | | | | | | | | | | | Middle | | | | | | | | | | | | Last | | | | | | | |
| FULL NAME OF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DECEASED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE OF | | | | | | | | | | | Hospital | | | | | | | | | | | | | City or Town | | | | | | | | | | | | | County | | | | | | | |
| DEATH: | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
| DATE OF | | | | Month | | | | | | Day | | | | | | Year | | | | | SEX: | | | | | | | RACE: | | | | | | | OCCUPATION: | | | | | | | | |
| DEATH: | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |
| DATE LAST KNOWN | | | | | | | | | Month | | | | | | Day | | | | Year | | | | LAST KNOWN | | | | | | | | | | | | MARITAL STATUS: | | | | | | | | |
| TO BE ALIVE: | | | | | | | | | | |  | | | | | | | | | | | | ADDRESS: | | | | | | | | | | | |  | | | | | | | | |
| DATE OF | | | | Month | | | | | | Day | | | | | | Year | | | | | BIRTHPLACE: | | | | | | | | | | | | | | NAME OF HUSBAND | | | | | | | | |
| BIRTH: | | | |  | | | |  | | | | | |  | | | | | | | (City and State) | | | | | | | | | | | | | | OR WIFE: | | | | | | | |
| FULL NAME OF FATHER | | | | | | | | | | | | | | | | | | | | | | | | | | FULL MAIDEN NAME OF MOTHER | | | | | | | | | | | | | | | | |
| OF DECEASED: | | | | | | | | | | | | | | | | | | | | | | | | | | OF DECEASED: | | | | | | | | | | | | | | | | |
| APPLICATION MADE BY: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | MAIL COPY TO: | | | | | | | (if other than applicant) | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| NAME: | | | | | | | | | | | | | | | | | | | | | | | |  | |  | NAME: | | | | | | | | | | | | | | | | |
| FIRM NAME: | | | | | | | | | | | | | | | | | | | | | | | | | | FIRM NAME: | | | | | | | | | | | | | | | | | |
| (if any) | | | | | | | | | | | | | | | | | | | | | | | | | | (if any) | | | | | | | | | | | | | | | | | |
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| STREET | | | | | | | | | | | | | | | | | | | | | | | | | | STREET | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | ADDRESS: | | | | | | | | | | | | | | | | | |
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| CITY: | | | | | | | STATE: | | | | | | | | | | | | | ZIP: | | | | | | CITY: | | | | | | | STATE: | | | | | | ZIP: | | | | |
| VR 280 (5/87R) DIV. OF VITAL RECORDS, ILLINOIS DEPT. OF PUBLIC HEALTH, SPRINGFIELD, IL. 62702 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)