**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 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| (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) |
|  |  |
|  |  |  |  |
| STREET | STREET |
| ADDRESS: | ADDRESS: |
|  |  |  |  |
|  |  |  |  |
| 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)