## **Death Certificate**

Full na	me of decedent:								
Date of	Numbe	er of co	pies	s requested:					
Applicant Name:									
Applic									
Applic	ant Phone Number:								
Indicate your relationship to the person whose record you have requested:									
	□ Spouse				Attorney of person on record				
	☐ Registered Domestic Partner			☐ Genealogist ID #					
☐ Parent					Funeral Home				
	☐ Guardian				None of the above (short form will				
	☐ Descendant				be issued)				
Ву ту	signature below, I swear/affirm that the inj	formation	n abov	e is	true and correct.				
Applic	ant Signature:								
	-								
Today'	s Date:								
	\$15 for 1 <sup>st</sup> copy, \$6	6 for eac	h addit	tiona	al copy				
	Below line is	s for Clark	·'s usa o	nh					
Proof of	identity of applicant:	s joi Cierk	s use o	щ					
	<u>Applicant mus</u>	st provide (	one of th	hese:					
	Driver's License			Go	vernment issued picture I.D.				
	1								
	OR two of these:  Utility bills □ W-2								
	Utility bills Bank statements		_		zter Registration card				
	Vehicle registration				ability award from SS				
	Income tax return			<b>D</b> 10	aomey award from 55				
	Personal Check w/ address		Establishing eligibility to acquire record:						
	A previously issued vital record		Related applicants must provide proof of lineage.						
	Letter from government agency requesting		Domestic Partners must provide proof of registration of						
	record (DHHS, WIC)				partnership				
	Other								
	Department of Corrections I.D. card								
	Social Security Card								
	DD 214	D	Do not retain copies of proof provided or note any specific numbers						
	Hospital; birth worksheet								
	License/rental agreement								

☐ Pay stub