

# DEATH CERTIFICATE APPLICATION FORM



## FOR JACKSON COUNTY DEATHS ONLY

### Instructions:

1. Complete the form below for each certificate request.
2. Take completed form to Cashier window and pay **\$30** for each certificate copy request (cash, money order, or check – **Make out to Jackson County Health Department**).
3. Bring payment receipt and application to the Drop Off window to complete your request.

### For VS office use only:

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_

Audit #: \_\_\_\_\_

State File #: \_\_\_\_\_

## Number of Death Certificates Requested

Check the box of the number of copies that you are requesting:

1 -- \$30     2 -- \$60     3 -- \$90     4 -- \$120     Other: \_\_\_\_\_

Cremation Permit –\$3     Burial Permit – \$3

## Information on Death Certificate Being Requested

First Name	Middle Name	Last Name on Certificate
County of Death <b>JACKSON COUNTY ONLY</b>	City, Village, or Township of death	Date of Death / /

## Your Information (person requesting certificate)

Name:		
Address:		
City:	State:	Zip Code:
Relationship to Person Who Died:		
Your signature:	Current Date: / /	Phone #: ( ) -