Reset Form

IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH
Bureau of Vital Records and Health Statistics

IDAHO VITAL RECORDS CERTIFICATE REQUEST FORM DEATH

!If you are requesting any type of change to the certificate, please use the Idaho Vital Records Legal Action Request form!
WARNING: False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, **Idaho Code**.

APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED

☐ MAIL ORDER TO APPLICANT ADDRESS			☐ MAIL ORDER TO OTHER NAME/ADDRESS		
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*		MAIL TO NAME - FIRST	MAIL TO NAME - LAST	
APPLICANT STREET ADDRESS*			MAIL TO STREET ADDRESS		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*	MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT DAYTIME CONTACT PHONE NUMBER*			APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. **(See page 2 for ID information)**

APPLICANT SIGNATURE*: _____

CERTIFICATE INFORMATION (Available from 1911)

Number of ____ Certified Copies (computer generated) Number of ____ Certified Photocopies (exact image)

DATE OF DEATH	CITY OF DEATH IN IDAHO	STATE OF DEATH
		IDAHO
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE

☐MOTHER ☐FATHER

FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

☐MOTHER ☐FATHER

FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)

DOCUMENTARY PROOF OF RELATIONSHIP **MAY** BE REQUIRED FOR THE FOLLOWING:

☐Self ☐Parent ☐Child ☐Current Spouse ☐Brother/Sister ☐Grandchild ☐Maternal Grandparent ☐Paternal Grandparent

DOCUMENTARY PROOF OF RELATIONSHIP **WILL** BE REQUIRED FOR THE FOLLOWING: - Include with order

☐Attorney ☐Legal Guardian ☐Government Agency ☐Other (Specify):

PURPOSE FOR ORDERING THE CERTIFICATE (CHOOSE ONE)

☐ID/Passport ☐Personal Records/Use ☐School/Sports ☐Legal Purposes ☐Insurance/Benefits ☐Family History
☐Estate Settlement ☐Pending Adoption ☐Other (Specify):

ORDER TOTALS

Total number of certificates ordered: _____ at $16.00* each	$
Need RUSH service? ☐YES if checked, enclose additional $10.00* and write RUSH on envelope	$
TOTAL AMOUNT DUE	$

Mail completed form and payment to:
IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036

For questions see our website or email IVR@dhw.idaho.gov

IDAHO DEPARTMENT OF HEALTH & WELFARE
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IDAHO VITAL RECORDS
CERTIFICATE REQUEST INFORMATION
DEATH

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO DO SO COULD CAUSE A SIGNIFICANT DELAY IN PROCESSING.

A letter will be sent if the certificate you order cannot be located. The $16.00 search fee will not be refunded per IDAPA 16.02.08 251 02.

Complete this request form and mail it to: IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036. Remember to sign your request. Enclose the correct fees and a copy of *both sides* of your signed picture ID.

To order online through VitalChek, please see our website at healthandwelfare.idaho.gov/vitalrecords. *Additional charges will apply.* All credit card orders are processed through VitalChek.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID - One MUST have a Signature		OR
• Driver's License • State ID card • Passport • Tribal ID card • Concealed Weapons Permit • Prison ID card	• Social Security Card with signature • Work ID card with picture or signature • Auto registration with signature • Traffic ticket with signature • Court record with signature • College/School ID with picture	• Matricula card with signature • Insurance record • Auto insurance • Driver Permit • Pay stub • Hunting/Fishing license • Passport card	• Notarized signature on the request (see below) • Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relationship may be required)

If you are unable to provide any of the above approved identification, take this completed form to a Notary Public to complete and sign below:

This instrument was signed or acknowledged before me in the County of _____, State of _____ on _____
Date
by _____,
Printed name of applicant below

Whose identity is either personally known to me or was proven to me through acceptable documentary evidence to be signer below; and they acknowledge to me that they executed this signature for purpose of obtaining a certificate from the Idaho Bureau of Vital Records and Health Statistics.

Applicant Signature:		Notary Stamp/Seal
Notary Signature:		
Residing at:		
My commission expires:		

CERTIFICATE FEES
$16.00 for each certified copy or search for a vital record. A Certified Copy is computer generated and is valid for most legal purposes. A Certified Photocopy is an exact image of the record on file in our office, and is valid for most legal purposes.

RUSH FEES
$10.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING
There is no shipping charge for regular mail delivery via US mail. If you need faster shipping or order tracking, order online through vitalchek.com. *Additional charges will apply*. Certificates cannot be sent via email or fax.

PROCESSING TIMES
For current processing times, visit healthandwelfare.idaho.gov/vitalrecords. Most orders take 1-3 weeks to complete once received in our office. Most RUSH orders take 5-7 days once received in our office. Current workload, staffing levels, missing or incomplete application information, or unresolved legal issues affecting certificates may impact actual processing times.

SPECIAL HANDLING FEE FOR APOSTILLE
If you want us to send your certificate and completed apostille application to the Idaho Secretary of State, please visit healthandwelfare.idaho.gov/vitalrecords or call 208-334-5980 for instructions **BEFORE** sending the $10.00 special handling fee.

Make your SIGNED check or money order payable to **Idaho Vital Records**. All Vital Records fees may be combined and paid with *ONE* check or money order. Please check your total carefully! Overpayments of less than $10.00 are not refunded unless requested in writing.