# TENNESSEE DEPARTMENT OF HEALTH
# OFFICE OF VITAL RECORDS

# APPLICATION FOR VERIFICATION OF DEATH INFORMATION

**THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO TENNESSEE VITAL RECORDS FOR $15.00.**

Name and mailing address where verification is to be sent:

**Name of Individual or Requesting Agency** **Date**

**Street Address**

**City** **State** **Zip**

**Email Address:** **Telephone No. (  )**

**Sign Here** (Must be original in ink, by hand) _____

**Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Tennessee vital records. This does not guarantee that a record will be found.**

Complete items 1-4 below if you have that information. This allows the Office of Vital Records to conduct a more accurate search.

A $15.00 fee is charged for the search of the vital records system of record. This fee is charged even if no record is found. The Office of Vital Records maintains death records for the past fifty (50) years. Earlier years may be obtained at the State Library & Archives.

1. Full name of Deceased: _____
   First Middle Last
2. Date of Death: _____
   Month Day Year
3. Place of Death: _____
   City County State
4. Decedent's parents:

   Mother's: _____ _____ _____
   First Middle Last Name Prior to First Marriage

   Father's: _____ _____ _____
   First Middle Last Suffix

**MAIL THIS APPLICATION TO:**

Tennessee Department of Health
**OFFICE OF VITAL RECORDS**
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243