State of Illinois
Illinois Department of Public Health

Application for Illinois Death Record

Death Certificate - Long Form Accepted for all legal use. (contains the most available information) **$19.00 first copy $4.00 each additional copy** **Amount enclosed $_____for _____ total copies**	**Death Certificate - Short Form** Basic death record information, does not contain "Cause of Death" **$10.00 first copy $2.00 each additional copy** **Amount enclosed $_____for _____ total copies**
Fetal Death Certificate Accepted for all legal use. (contains the most available information) **$19.00 first copy $4.00 each additional copy** **Amount enclosed $_____for _____ total copies**	**Genealogical Copy** Uncertified records. (20 years and older) **Select Record Type:** ☐ **Death** ☐ **Fetal Death** **$10.00 first copy $2.00 each additional copy** **Amount enclosed $_____for _____ total copies**

DO NOT SEND CASH — Make check or money order payable to I**LLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH).**

For records prior to 1916, contact the County Clerk in the County where the death took place

BLANK SPACE FOR OFFICE USE		**DEATH CERTIFICATE NUMBER** (If known)
FULL NAME ON DEATH RECORD (First, Middle, Last)		**POSSIBLE OTHER NAMES USED** (Maiden, Married or Alias)
DATE OF ILLINOIS DEATH (Month, Day, Year)	**SEX**	**DATE LAST KNOWN TO BE ALIVE** (Month, Day, Year)
PLACE OF ILLINOIS DEATH (City and or County)		**LAST KNOWN ADDRESS** (City, State or Country)
MOTHER / CO-PARENT OF DECEASED (Maiden Name)		**FATHER / CO-PARENT OF DECEASED**
NAME OF SURVIVING SPOUSE (If Married / Civil Union)		
DECEDENTS DATE OF BIRTH	**DECEDENTS BIRTHPLACE**	**DECEDENTS SOCIAL SECURITY NUMBER**

NOTE: The State of Illinois, Division of Vital Records, in Springfield, issues certified death certificates from its electronic Illinois Vital Registration System (IVRS), if the death occurred from 2008 forward. Any death record, from 2007 or before, is issued from the original paper record or from microfilm. As a result, these certificates may look slightly different, according to the year of the event, but they are all certified copies and suitable for all legal purposes.

NAME OF INDIVIDUAL REQUESTING COPIES:		**REQUESTER RELATIONSHIP** (Relative, Spouse, Attorney, Estate, etc.)	
REQUESTER ADDRESS		**CITY**	**STATE** / **ZIP CODE**
INTENDED USE (Required field)	**REQUESTER PHONE NUMBER**	**REQUESTER EMAIL ADDRESS**	
MAIL TO ADDRESS IF DIFFERENT THAN ABOVE		**CITY**	**STATE** / **ZIP CODE**
SIGNATURE REQUIRED			**DATE**

IF THE DEATH DID NOT OCCUR IN ILLINOIS YOU MUST CONTACT THE STATE WHERE THE DEATH TOOK PLACE

MAIL TO:

Complete Form IN FULL, Sign, Include Copy of Requester's Identification & Proper Fee
IDPH Vital Records, 110 West Lawrence Avenue, Springfield, IL 62704-2610
For additional information - www.dph.illinois.gov/topics-services/birth-death-other-records

Printed by Authority of the State of Illinois

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Illinois Department of Public Health

IDENTIFICATION REQUIREMENTS

In order to process your request through this office we require identification to be provided

A photo copy of a NON-EXPIRED, GOVERNMENT ISSUED PHOTO IDENTIFICATION. Such as a Driver's License, Passport, Active Duty Military ID, Veterans Administration Issued Photo Medical Card, or a Federally issued Tribal ID card. ALL identification MUST have a photo, identifying information such as name, date of birth and an issue and expiration date. If any information is contained on both sides of the ID, ensure a copy of both sides is made.

If your ID has expired and has an extension sticker, ensure a copy of the sticker is also made.

If your ID has expired LESS THAN 6 MONTHS, please include one additional document showing your name and current address created within the last 6 months. Examples include legal mail such as a bill or financial statement sent to your current legal address.

If your ID has expired MORE THAN 6 MONTHS or you DO NOT HAVE VALID ID, you will be required to submit TWO forms of documentation with your name and current legal address listed. Documentation in lieu of an ID must be dated within the last 6 months.

First Item – You must provide one or more of the following; Medical Card, Auto Insurance Card, Voter's Registration Card, Paycheck Stub with Imprinted FULL information, Bank, Financial, or a Credit Card Statement.

Second Item - You must provide a piece of current mail you have received showing your full name and current legal mailing address. Examples include current utility bill, phone bill or bill for services you have received. You may submit multiple pieces of mail however ensure they are from different Agencies or businesses.

If you are currently incarcerated in a State or Federal facility, you will need to submit a dated copy of your prison intake or offender summary sheet containing your photo, name, date of birth and facility information.

If you have been RELEASED from prison WITHIN THE LAST 6 MONTHS, you may provide a copy of your release papers along with a copy of your prison photo ID. Please note that the release papers MUST show an address that you have been released to that matches the address you are using with this office.

If you are a State, Federal Agency or a Hospital, you may submit a copy of your work photo ID badge. The badge MUST have a photo, name, name of the Agency and an issue and expiration date along with any supportive paperwork required for the request. If your work ID does not meet the requirements, a copy of your government issued photo ID, Drivers License or Passport must also be included.

SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE

ELIGIBILITY TO OBTAIN AN ILLINOIS DEATH RECORD

Before a request for an uncertified or certified copy can be considered, you must specify your eligibility to obtain it.

IICS410/535/25/4(d) states that copies of death or fetal death records may be issued upon:

- The specific written request for an uncertified or certified copy by a person, or his duly authorized agent, having a genealogical, (record must be over 20 years old), personal or property right interest in the record.

If you are eligible, please indicate on the front of this application your relationship to the deceased person, whose record you are requesting, and the intended use of the copy.

NOTE: *Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, certification or certified copy thereof so made, altered, amended, or mutilated; or, Any person who with the intention to deceive, willfully uses or attempts to use any certification or certified copy of a record of birth knowing that such certification or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person is guilty of a Class 4 felony in the State of Illinois (ILCS 410/535/27 (f)).*

Illinois Law (ILCS 410/535/25 (1)) requires advanced payment for the search of death record files.

Fees are subject to current Illinois Statute and administrative policy and may be non-refundable.