



CERTIFIED COPY OF DEATH CERTIFICATE APPLICATION

Name of Deceased: _____

Date of Death: _____

Place of Death: _____

Your relationship to deceased: _____

If not informant on death record why do you need a certified copy of this death record:

Certificate requested by: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

(Certificates will be mailed to the above address unless otherwise indicated on form)

Number of certified copies requested: _____

\$16.00 for the 1st and \$12.00 for each additional

Amount enclosed \$ _____

MAIL COMPLETED FORM AND FEE TO

**ADAMS COUNTY HEALTH DEPARTMENT
ATTN: PAM PORTER
330 VERMONT STREET
QUINCY, ILLINOIS 62301**