



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: _____

\$1600 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 ST

QUINCY, IL 62301