

Searcher's  
Initials \_\_\_\_\_

# DEATH

**\$12.00 FOR ONE COPY, \$9.00 FOR EACH ADDITIONAL COPY ISSUED AT  
THE SAME TIME**

**MAKE CHECK PAYABLE TO: ADAMS COUNTY CLERK**

**(Please send one copy of a government issued photo I.D. with all requests)**

**BEFORE FILLING OUT THIS APPLICATION,  
BE CERTAIN THAT THE DEATH OCCURRED IN ADAMS COUNTY, ILLINOIS  
(Please print clearly and legibly)**

Number of Copies \_\_\_\_\_

Name on Record: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Death \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

**I, the undersigned, do hereby certify that I am a person, or a duly  
authorized agent of a person, who has a personal or property right interest  
in the death certificate, and am legally entitled to the certificate, as  
specified by Illinois State Statute.**

_____	_____
Print Your Name	Your Signature
_____	_____
Address	Your Relationship to Person Named on Document
_____	( ) _____
City	Area Code and Phone Number
_____	
E-Mail Address	

## PLEASE CHECK THE APPROPRIATE BOX

- I am a relative with a personal property right interest with the decedent
- I have a genealogical interest
- I am a representative from an agency or organization needing the death certificate (complete below)

Intended use as a representative \_\_\_\_\_

MAIL (Complete Below)     WILL CALL     SUBMITTED TODAY/WAITING

Mail to (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Georgia Volm, Adams County Clerk/Recorder  
507 Vermont Street, Quincy, IL 62301**