

ISGS DEATH CERTIFICATE REQUEST

Print and use this form to request death certificate copies via postal mail. You may send in as many requests at the same time as you wish. **Cost for each death certificate requested is: \$ 6.00 for ISGS Members and \$ 10.00 for non-members.** Mail requests and your check (made out to Illinois State Genealogy Society) to: **ISGS, P.O. Box 10195, Springfield, IL 62791-0195.** Be sure to include your name and address (for return of your certificates) on the bottom portion of each form. *(Instructions: search for and find the death certificate you wish to obtain by going to the "Illinois State Archives Death Certificate Index" at the following Internet address:*

***http://www.ilsos.net/departments/archives/genealogy/forms/idphdeathsrch.html***

*Copy the information extracted exactly as it appears on your computer screen and then transfer the information to the form below. Certificate requests will be completed on a "first come - first served" basis.*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_ SEX/RACE: \_\_\_\_\_ AGE: \_\_\_\_\_  
CERT # \_\_\_\_\_ DEATH DATE (MM/DD/YYYY) \_\_\_\_\_  
COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_  
DATE FILED: \_\_\_\_\_

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
MIDDLE NAME: \_\_\_\_\_ SEX/RACE: \_\_\_\_\_ AGE: \_\_\_\_\_  
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COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_  
DATE FILED: \_\_\_\_\_

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NAME OF REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS (in case we have questions): \_\_\_\_\_

# of Requests included in this mailing: \_\_\_\_\_ Payment Amount submitted: \_\_\_\_\_