

Frank J. Lesko Office of the City Clerk Vital Records 300 S. 7TH ST. Room 106

Springfield, IL 62701-1688 Phone: 217-789-2216 Fax: 217-789-2144 PAYMENT METHODS: * CASH * MONEY ORDER*

MASTERCARD DISCOVER AMERICAN EXPRESS VISA

APPLICATION FOR SEARCH OF DEATH RECORDS

Deceased's Full Name :				
run Name	First	Middle	Last	
Date of Death:				
	Month	Day	Year	
Place of Death:_				
	City	State		
	To Avoid	Delay, Please Bring Phot	o Identification With You.	
Your Name:				
Address	First	Middle	Last	
- radi 0 55	Street	City State/Zip	Phone Number	
Relationship to De	eceased:			
Intended Use		Copies	Identification:	
Signature			Date	
			Drivers License or other State Issued afferent from Above, as well as a phone	
Address				
Street		City	State/Zin	Phone Number

FEE: FIRST COPY - \$17.00 ADDITIONAL COPIES \$7.00 EACH

CASH OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD
Payment in person, cash, credit card online or cashier's check or money order.