



**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:**  
 \* Money Order/Cashiers Check\*  
  
 Online Credit Card Payments  
 (Do NOT mail in credit Card  
 Information)

**APPLICATION FOR SEARCH OF DEATH RECORDS**

Deceased's

Full Name : \_\_\_\_\_  
   First  Middle  Last

Date of Death: \_\_\_\_\_  
   Month  Day  Year

Place of Death: \_\_\_\_\_  
   City  State

**\*To Avoid Delay, Please Bring Photo Identification With You.\***

Your Name: \_\_\_\_\_  
   First  Middle  Last

Address \_\_\_\_\_  
   Street  City State/Zip  Phone Number

Relationship to Deceased: \_\_\_\_\_

Intended Use \_\_\_\_\_ Copies \_\_\_\_\_ Identification: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 If You Would Like Your Records Mailed, Please Send a Copy of Your Drivers License or other State Issued Identification with Your Completed Application for Death Record. Please Provide the Address, if Different from Above, as well as a phone number where you can be contacted:

Address \_\_\_\_\_  
   Street  City  State/Zip  Phone Number

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

**CASHIER'S CHECK OR MONEY ORDER PAYABLE TO:**  
***CITY OF SPRINGFIELD***

**Applications in person are accepted with payment form of cash, money order/  
 cashier's check and/or credit card (Master Card, Visa, Discover or American  
 Express). No credit card information can be accepted with mail-in  
 application. No personal checks accepted.**