



CECILIA K. TUMULTY, C.M.C.
Office of the City Clerk
Vital Records
300 S. 7TH ST. ROOM 106
SPRINGFIELD, IL 62701-1688

APPLICATION FOR SEARCH OF DEATH RECORDS

Full Name Of Deceased: _____

First

Middle

Last

Date Of Death: _____

Month

Day

Year

Place Of Death: _____

City

To Avoid Delay, Please Bring Photo Identification With You.

Your Name: _____

Address: _____

Street

City, State, Zip

Phone Number

Relationship to

Decedent _____

Number Of Copies Requested _____

Intended Use: _____

Signature of Applicant _____

Date _____

To Have 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 - \$15.00 ADDITIONAL COPIES \$5.00 EACH

NO PERSONAL CHECKS ACCEPTSED

CASH, MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD

MASTERCARD, DISCOVER & AMERICAN EXPRESS ALSO ACCEPTED

(Please complete reverse side for credit card transactions. A convenience fee (2.10%) will apply.)

You may also contact:

Sangamon County Clerk's Office
Sangamon County Bldg
200 South Ninth Street
Springfield, IL.
Telephone # (217) 753-6700

or

State of Illinois – Dept. of Public Health
Vital Records
605 W. Jefferson Street
Springfield, IL. 62702
Telephone #: (217) 782-6553

To charge your fee, please note that a convenience fee (2.10%) will be applied to your order. Please print your credit card number, expiration date and 3-digit security code found on the back of your credit card. Once your fees have processed, this information will be destroyed.

Type of Card	Credit Card No.	Exp. Date	Sec. Code
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Name on Card	Billing Address	City, State & Zip Code
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