APPLICATION FOR SEARCH OF DEATH RECORD FILES

FULL NAME OF DECEASED: _____
First Middle Last

PLACE OF DEATH: _____
Hospital City/Village/Twp County

DATE OF DEATH: _____ SEX: _____ _____
Month Day Year Male Female

DATE OF BIRTH: _____ BIRTHPLACE: _____
Month Day Year

MARRIED: ___ WIDOWED: ____ NEVER MARRIED: ____ DIVORCED: ___

NAME OF HUSBAND OR WIFE: _____

APPLICATION MADE BY:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S RELATIONSHIP TO DECEASED: _____

PHONE NUMBER_____

NUMBER OF COPIES DESIRED: _____

***Copy of applicants State Issued Identification**

Certified copies $11.00 for the first copy, $6.00 each additional copy

$7.00 First Copy, $2.00 Each Additional
Genealogy Copies a require a NON REFUNDABLE $10.00 Search fee PLUS $7.00
(SEARCH FEE MUST BE A SEPARTE CHECK OR MONEY ORDER)
(Genealogical copies are non certified copies for those passed 20 years ago or more only)

Send to:
Ford County Clerk & Recorder
200 W. State St., Room 101
Paxton, IL. 60957