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

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

NAME OF HUSBAND OR WIFE: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____
Month Day Year

APPLICATION MADE BY:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S RELATIONSHIP TO DECEASED: _____

NUMBER OF COPIES DESIRED: _____

GENEALOGY COPIES $7.00 EACH
CERTIFIED COPIES $9.00 FIRST $4.00 EACH ADDITIONAL

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