## APPLICATION FOR SEARCH OF DEATH RECORD FILES IN FORD COUNTY, IL.

## DECEASED INFORMATION AT THE TIME OF DEATH:

FULL NAME OF DEC	CEASED:			
		First	Middle	Last
PLACE OF DEATH: _				
	Hospital	C	City/Village/Twp	County
DATE OF DEATH: _			SEX:	
	Month Day	Year	Male	Female
DATE OF BIRTH:	Month Day	Year	BIRTHPLACE:	
MARRIED: WII	OOWED:	NEVER I	MARRIED: DIVO	RCED:
NAME OF HUSBANI	OR WIFE:			
INFORMATION (	OF PERSON	REQUE	STING DEATH CER	RTIFICATE:
APPLICATION MAD	E BY:			
NAME:			-	
STREET ADDRESS:				
CITY:	STATE	;:	ZIP CODE:	
APPLICANT'S SIGNA	TURE :			
APPLICANT'S RELAT	CIONSHIP TO DI	ECEASEI	):	
PHONE NUMBER				
NUMBER OF COPIE	S DESIRED:			

## A copy of applicants State Issued Identification is required with this request.

Certified copies \$23.00 for the first copy, \$10.00 each additional copy **per visit.**Genealogy copies \$10.00 First Copy, \$5.00 Each Additional **per visit.**(Genealogical copies are non- certified copies for those passed 20 years ago or more only) **Genealogy Copies require a NON-REFUNDABLE \$10.00 Search fee PLUS \$10.00.**(SEARCH FEE MUST BE A SEPARATE CHECK OR MONEY ORDER)

RETURNED CHECKS MAY RESULT IN A \$25.00 CHARGE

## SEND TO:

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