



**Will County Health Department
and Community Health Center**
501 Ella Avenue Joliet, IL 60433

Email address: vitalrecords@willcountyhealth.org

HOURS OF OPERATION
Monday – Friday 8:30am – 4:00pm
(Closed daily Noon to 1pm)
Holiday Exceptions
Office: 815-727-8639
Fax: 815-846-1556

VITAL RECORD CERTIFIED COPY OF DEATH REQUEST

A Valid Driver’s License, State ID, Matricula or Passport is required with your request.

DECEDENTS FULL NAME:

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____

DATE OF DEATH _____

PLACE OF DEATH _____

WHAT IS YOUR RELATIONSHIP TO THE DECEDENT NAMED ON THE CERTIFICATE, OR WHAT DO YOU NEED THE COPIES FOR?

YOUR INFORMATION:

FIRST _____ MIDDLE _____ LAST _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

DAYTIME PHONE _____

FEE: 1 for \$16.00 and \$8.00 for each additional certified copy of the same certificate that is purchased at the same time. Example 1=\$16, 2=\$24, 3=\$32, 4=\$40 Note: **Out of state checks will not be accepted**, ID and check name and address must match. Use of credit or debit cards will add on an additional service charge. **Number of copies requested?** _____

SWORN STATEMENT: *Under penalty of perjury I affirm that the representations made on this application are true to the best of my knowledge and belief.*

SIGNATURE: _____ **DATE SIGNED:** _____

----- Do no write below this line -----

FOR OFFICE USE ONLY

JM / MM

AMT PAID _____

CA / MO / CC / CK# _____

RECT _____