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 Checks accepted: Payable to the Will County Health Dept. 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 / EL
AMT PAID_____

CA / MO / CC / CK#_____

RECT_____

(Revised March 2024)