

UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS
DAVIS COUNTY HEALTH DEPARTMENT
22 South State Street, Clearfield, UT 84015
REQUEST FOR CERTIFIED COPY OF A DEATH CERTIFICATE

WARNING: It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a death certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6.

INSTRUCTIONS

1. The request must be completed for each decedent. **Picture ID is required to obtain death certificates.**
2. There is a fee of \$30.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$10.00 each.
3. Send the completed request with an easily identifiable photocopy of the **front** and **back** of your ID and the required fee (checks, or money orders made payable to Davis County Vital Records) to Davis County Vital Records, PO Box 618, Farmington, Utah 84025-0618. For any questions, please call 801-525-5155.
4. If the requestor does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL NAME OF DECEASED _____
DATE OF DEATH _____ (If not known, specify years to be searched) _____
PLACE OF DEATH (City) _____ (County) _____
BIRTHPLACE OF DECEDENT (State or County) _____ DATE OF BIRTH OF DECEDENT _____
USUAL RESIDENCE OF DECEDENT (City & State) _____
FULL NAME OF PARENT (Maiden Name If Applicable) _____
FULL NAME OF PARENT (Maiden Name If Applicable) _____
IF DECEASED WAS MARRIED, NAME OF SPOUSE _____

REQUESTOR

RELATIONSHIP: **I am:** (Please circle one) Parent Sibling Spouse Child Grandparent Grandchild
Other (Specify) _____

If other, reason for requesting certificate: _____

Your Signature _____ Date _____

Printed Name _____ Telephone Number _____

Your Address _____ (City, State & Zip) _____

NUMBER OF CERTIFIED COPIES REQUESTED

_____ 1st Certified Copy \$ 30.00 + _____

_____ Additional Certified Copies (\$10.00 each) \$ _____

TOTAL FEE \$ _____

FOR OFFICE USE ONLY (do not write below)

PAID: Check Cash Money Order Credit Card Certified Paper # _____

Request # _____

Clerk's Initials _____ Date _____