

DAVIS COUNTY HEALTH DEPARTMENT

VITAL RECORDS

50 EAST STATE STREET, FARMINGTON, UTAH 84025

CERTIFICATES ISSUED 8 A.M. TO 4:30 P.M., MONDAYS-FRIDAYS, EXCEPT LEGAL HOLIDAYS.

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. A request must be completed for each decedent. **Picture ID is required to obtain death certificates. ID is required of the person that signs this request. HAVE READY TO SHOW EITHER A STATE ISSUED ID (with a signature) or TWO other proofs (from our acceptable identification list).**
2. There is a fee of \$16.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed request with an enlarged, 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, P.O. Box 618, Farmington, Utah 84025-0618. If ordering in person, please come to 50 East State Street, Farmington, Utah. For any questions, please call (801) 451-3337.
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 FATHER _____

FULL **MAIDEN** NAME OF MOTHER _____

IF DECEASED WAS MARRIED, NAME OF SPOUSE _____

REQUESTOR

RELATIONSHIP: **I am:** (Please circle one) Mother Father 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

(If this order is to be mailed, please **PRINT** the name and mailing address below)

1 **Certified Copy** \$ 16.00 + _____

_____ **Additional Certified Copies (\$8.00 each)** \$ _____

TOTAL FEE \$ _____

FOR OFFICE USE ONLY (do not write below)

PAID: Check Cash Money Order Credit Card

Clerk's Initials _____