



CITY OF HIGHLAND PARK

1707 ST. JOHNS AVENUE
HIGHLAND PARK, ILLINOIS 60035
(847) 432-0800

DEATH CERTIFICATE REQUEST FORM

A VALID I.D. IS REQUIRED

Today's Date: _____ Rate: \$14.00 First Copy
\$6.00 Each Additional Copy
Make check payable to *City of Highland Park* \$10.00 Submission Fee*

***ATTENTION FUNERAL DIRECTORS:** The submission fee of \$10.00 will be waived if the initial death record is recorded through the State of Illinois Electronic Death Registration System (EDRS).

Name of Deceased: _____
First Middle Last

Date of Death: _____ Number of Copies: _____
Month/Day/Year

Amount Due: \$ _____

Name of Requestor: _____

Relationship to the Individual named on the Death Record (Please check one)

I certify that I have personal or property right interest in this record

Relationship to individual named on death record: (Circle relationship)

Parent, Sibling, or Child of Individual named on record. Other: _____

Signature: _____ Date: _____

I am the duly authorized agent of a person having a personal or property interest in this record.

I, the undersigned do hereby certify that have been duly authorized to obtain this death record by an individual that has a personal or property right interest in the death certificate.

Signature: _____ Date: _____

Genealogical research (available only if the record is at least 20 years old)

Reason for Requesting Record: Please describe the intended use of this document:

Acceptable Forms of Identification

A valid U.S. driver's license, valid U.S. identification card, valid U.S. passport, valid U.S. military identification card, valid consulate identification card (matricular), or U.S. immigration card (resident alien) will be accepted.

To Obtain a Copy of a Death Record by Mail

Requests for records must include:

- Completed and signed request form
- Photocopy of requestor's identification
- Check made payable to *City of Highland Park*
- Mail your request to *City of Highland Park, Vital Records, 1707 St. John's Avenue, Highland Park IL, 60035.*

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

The City of Highland Park reserves the right to request additional proof of authorization and eligibility to obtain copies of a death certificate on a case by case basis. Fraudulent use of any vital record is a class 4 felony punishable by imprisonment of up to 3 years and a fine of \$10,000 or both.

FOR OFFICE USE ONLY

MEDICAL _____ CORONERS TEMP _____ CORONERS PERM _____