DEATH - CERTIFICATE REQUEST

Office of Vital Records and Statistics, PO Box 141012, 288 North 1460 West, Salt Lake City, UT 84114-1012
Website: silver.health.utah.gov

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a death certificate.

INSTRUCTIONS

1. This request must be completed in full.
2. Identification is required of the person signing this request. (See identification list on back of this form).
3. If ordering by mail, enclose the application, an enlarged, easily identifiable photo copy of the front and back of your ID, and appropriate fees.
4. Please check your certificate for accuracy. Your copy can only be replaced within 90 days from issuance date. After 90 days, you must repay the applicable fees.
5. If requester does not respond to a written request for information within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE

DATE/PLACE OF DEATH: ________________________
   (City)  (County)

DATE OF BIRTH: ________________________

FULL NAME OF FATHER

FULL MAIDEN NAME OF MOTHER

REQUESTOR

RELATIONSHIP: I am: □ Mother □ Father □ Sibling □ Spouse □ Child □ Grandparent □ Grandchild

□ Other (Specify)

Your Signature ________________________ Date ________________________

Printed Name ________________________ Telephone Number ________________________

Your Address ________________________ (City, State & Zip Code)

Purpose for which the death certificate is needed:

NUMBER OF CERTIFIED COPIES REQUESTED

1 Certified Copy $30.00

Additional Certified Copies ($10.00 each) $________

Expedite Fee ($15.00) $________

TOTAL FEE $________

(IF this order is to be mailed, please PRINT the name and mailing address) ________________________

FOR OFFICE USE ONLY (do not write below)

PAID: □ Check □ Cash □ Money Order □ Credit Card Request Number ____________ Clerk Initials ____________

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