

City of Chicago Heights
1601 Chicago Road, Chicago Heights, IL 60411
(708) 756-5300

Application for DEATH Certificate

*Before Filling Out Application Be Certain Death Occurred in Chicago Heights
Drivers License or State ID Required*

Full Name of Deceased _____

Date of Death _____ Number of Copies _____

Place of Death _____

Intended Use _____

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person, who has personal or property right interest in the death certificate, & am legally entitled to the certificate, as specified by Illinois State Statute [Chap. 111-1/2, Sec. 73-25 (4)(d)].

_____	_____
Print your Name	Your Signature
_____	_____
Address	Relationship to Person on Document
_____	() - _____
City	Phone No.

OFFICE USE ONLY

ID # _____

Mail to _____

Address _____

**FEE: \$10.00 CASH OR MONEY ORDER FOR ONE CERTIFIED COPY &
\$ 5.00 FOR EACH EXTRA COPY OF THE SAME CERTIFICATE**

File Name: Deathreq.doc (beige disk)