

**UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS  
SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT  
DEATH CERTIFICATE REQUEST**

Office of Vital Records and Statistics, 620 South 400 East Suite 302, St. George, Utah 84770.

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

**INSTRUCTIONS**

1. This request must be completed in full.
2. Identification is required of the person signing this request. (See acceptable identification list on back.)
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 applicable fees.
5. If requestor does not respond to a written request for information within 90 days, Vital Records may retain all monies paid.

**IDENTIFYING INFORMATION**

FULL NAME OF DECEASED \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
 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 \_\_\_\_\_

**APPLICANT**

RELATIONSHIP: I am:  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)

<u>NUMBER OF CERTIFIED COPIES REQUESTED</u>		(If this order is to be mailed, please <b>PRINT</b> the name and mailing address below)
1 Certified Copy	\$ 16.00	
_____ Additional Certified Copies (\$8.00 each)	\$	
_____ Expedite Fee (Only for orders from Salt Lake)	\$	
<b>TOTAL FEE</b>		<b>\$</b>



**Mailing Address:** Southwest Utah Public Health, Vital Records 620 SOUTH 400 EAST SUITE 400, ST. GEORGE UTAH 84770.

**For OFFICE USE ONLY** (do not write below)

Vital Records Label Only  
Request #: \_\_\_\_\_

**PAID:** Check Cash Money Order Credit Card  
 Certified Paper #: \_\_\_\_\_