



# SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT DEATH CERTIFICATE REQUEST FORM

Office of Vital Records and Statistics, 620 S. 400 E., Ste. 300, St. George



**Mailing Address:** Southwest Utah Public Health Dept., Vital Records, 620 S. 400 E., Ste. 400, St. George, UT 84770

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

For Office Use Only

## INSTRUCTIONS

1. A request form must be completed for each individual's certificate.
2. **ID Is Required** of the person that signs this request. ID must be a **government-issued photo ID showing expiration date**. (If request is mailed, include a legible **copy** of front and back of non-expired ID).
3. **Please check your certificate for accuracy**. Your copy can be replaced within 90 DAYS from the issuance date. After 90 days you must repay applicable fees. 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 \_\_\_\_\_

DEATH INFORMATION \_\_\_\_\_  
DATE (if unknown, specify years to search) CITY COUNTY

BIRTH INFORMATION \_\_\_\_\_  
DATE STATE OR COUNTRY

PARENT 1 INFORMATION \_\_\_\_\_  
(FULL NAME, MAIDEN IF APPLICABLE) BIRTH DATE STATE OR COUNTRY

PARENT 2 INFORMATION \_\_\_\_\_  
(FULL NAME, MAIDEN IF APPLICABLE) BIRTH DATE STATE OR COUNTRY

SPOUSE NAME IF MARRIED \_\_\_\_\_

## REQUESTOR

RELATIONSHIP:  Parent  Sibling  Spouse  Child  Grandparent  Grandchild  
 Other (specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Purpose for which certificate is needed: \_\_\_\_\_

### NUMBER OF CERTIFIED COPIES REQUESTED

<u>  1  </u>	Certified Copy	\$	<u> 18.00 </u>
<u>      </u>	Additional Certified Copies (\$10.00 each)	\$	<u>      </u>
	<b>TOTAL FEE</b>	<b>\$</b>	<b><u>      </u></b>

If certificate is to be mailed, please PRINT name and mailing address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY (do not write below)

**PAID:** Check Cash Money Order Credit/Debit

Certified Paper # \_\_\_\_\_ Request # \_\_\_\_\_ Clerk's Initials \_\_\_\_\_ Rev 7/16

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

**Acceptable Identification List to Obtain Vital Records  
ID MUST BE CURRENT**

**Identification is required for all non-public Vital Records. Mailed requests must include an enlarged and easily identifiable photocopy of the front and back of your identification from the list below or your application will be returned. All identification must be current.**

**PRIMARY  
(Need 1)**

- ✓ Government Issued Photo Drivers License
- ✓ Government Issued Photo Identification
- ✓ Government Issued Work ID
- ✓ Employment Card
- ✓ U.S. Military Identification Card
- ✓ Tribal Identification Card
- ✓ Pilot License
- ✓ Alien Registration Card
- ✓ Permanent Resident Card
- ✓ Temporary Resident Card
- ✓ U.S. Passport
- ✓ Foreign Passport
- ✓ U.S. Certification of Naturalization
- ✓ Certificate of U.S. Citizenship
- ✓ U.S. Citizen Identification Card
- ✓ Matricula Consular Card
- ✓ Concealed Weapon Permit
- ✓ Mexican Voter Registration Card
- ✓ Jail/Prison Release Form (with picture)

**SECONDARY  
(Need 2)**

- ✓ Work Identification/Paycheck/W-2
- ✓ School, University or College ID Card
- ✓ Voter Registration card
- ✓ Social Security Card
- ✓ U.S. Military Separation/DD-214
- ✓ Motor Vehicle Registration/Title
- ✓ Marriage License (not issued by Utah State Vital Records)
- ✓ Court Order or Court Documents
- ✓ Jail/Prison Documents
- ✓ Probation Documents
- ✓ Property Tax Receipt
- ✓ Veterans Universal Access ID Card
- ✓ Selective Service Card
- ✓ Hunting/Fishing License
- ✓ Insurance Cards or Documents
- ✓ Utility Bill
- ✓ Business License
- ✓ Professional License

**We Cannot Accept:**

- ✓ Novelty ID Card
- ✓ Driving Privilege Card

If you cannot provide acceptable identification you may have a spouse, parent, grandparent, sibling, or adult child, who can provide appropriate identification request the certificate. Proof of relationship may be required.