

UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS & STATISTICS  
**UTAH COUNTY HEALTH DEPARTMENT**  
DISPOSITIONERS REQUEST FOR A CERTIFIED COPY  
OF A DEATH CERTIFICATE

**INSTRUCTIONS**

1. A request form must be completed for each death certificate requested and current photo ID is required.
2. There is a fee of **\$30.00** for each search of our files. Additional certified copies of the same record ordered at the same time are **\$10.00 each**.
3. Bring completed request form, completed packet and required fee to:  

**Utah County Department of Health**  
*Division of Vital Records*  
**151 South University Ave Suite 1100**  
**Provo, Utah 84601**  
**(801) 851-7526**
4. This abbreviated request form is to be used ONLY by **DISPOSITIONERS** requesting certified copies of Death Certificates.

**IDENTIFYING INFORMATION**

FULL NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ COUNTY OF DEATH **UTAH** \_\_\_\_\_

BURIAL TRANSIT PERMIT: **\$7.00** REMOVAL FEE: **\$150.00**  REPLACEMENTS (\$1.00 Each)

**DISPOSITIONERS FEE: WORK HOURS \$75.00 AFTER HOURS \$300.00**

NUMBER OF COPIES REQUESTED \_\_\_\_\_ + Vet Copy?  YES  NO **TOTAL FEE** \_\_\_\_\_

SIGNATURE **X** \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_

**ADDRESS OF WHERE COPIES ARE TO BE MAILED**

TO WHOM: \_\_\_\_\_

\_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

1/30 2/40 3/50 4/60 5/70 6/80 7/90 8/100 9/110 10/120 11/130 12/140 13/150 14/160 15/170  
20/220 21/230 22/240 23/250 24/260 25/270 26/280 27/290 28/300 29/310 30/320 35/370 40/420

***For Office Use Only***

Method of Payment: \_\_\_\_\_ Clerk: \_\_\_\_\_

Certified Paper # \_\_\_\_\_

Request # \_\_\_\_\_

State File # \_\_\_\_\_