UTAH COUNTY
HEALTH DEPARTMENT

Request for Certified Death Certificate

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

INFORMATION

Certificates for deaths that occurred in Utah County since 1905 are on file in this office.

INSTRUCTIONS

1. A request form must be completed for each death certificate requested.
2. There is a fee of **$35.00** for each search of our files. Duplicate certified copies of this record requested at the same time are **$10.00** each. (Checks made payable to UCHD.)
3. Send the completed request form, required fee (Payable to UCHD) and a photocopy of your current I.D. (Driver's License) to UCHD 151 S University Ave Suite 1100 Provo Utah 84601

IDENTIFYING INFORMATION

FULL NAME OF DECEASED _____

DATE OF DEATH _____ (if not known, specify years to be searched) _____

PLACE OF DEATH (City) _____ (County) _____

BIRTHPLACE OF DECEDENT (State or Country) _____ DATE OF BIRTH OF DECEDENT _____

USUAL RESIDENCE OF DECEDENT (City & State) _____

FULL NAME OF PARENT _____

FULL NAME OF PARENT _____

IF DECEASED WAS MARRIED,NAME OF SPOUSE _____

REQUESTOR

RELATIONSHIP: **I am** (select one) ◯ Parent ◯ Sibling ◯ Spouse ◯ Child ◯ Grandparent ◯ Grandchild ◯ Other : (Specify) _____

If other, reason for requesting certificate: _____

Your Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Your Address: _____ Email: _____

_____

For information about use & privacy practices, visit health.utahcounty.gov/pl.

NUMBER OF CERTIFIED COPIES REQUESTED

1	First Certificate	$ 35.00
_____	Additional Certified Copies ($10 each)	_____
_____	Mailing Fee $1.00 (if needed)	_____
	TOTAL FEES	_____

If this order is to be mailed, please **PRINT** the name and mailing address below:

_____

For OFFICE USE ONLY (do not write below this line)

PAID: Check Cash Credit Card **(2.65% fee applied to credit card, paid by customer minimum of $1.50)**

Certified Paper #: _____ Name on card: _____ Exp. Date: _____

Request #: _____ Clerk's Initials: _____ Card #: _____ 3-Digit Code: _____

Teller _____ Trans # _____ Signature: _____