



**UTAH COUNTY HEALTH DEPARTMENT OFFICE OF VITAL RECORDS  
REQUEST FOR CERTIFIED DEATH CERTIFICATE  
HOURS: MONDAY-FRIDAY 8:00 AM- 4:30 PM (801) 851-7005**

**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 **\$30.00** 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:

**NUMBER OF CERTIFIED COPIES REQUESTED**

Regular Certificate \$ 30.00  
 Additional Certified Copies (\$10 each)

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

**TOTAL FEE**

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

**PAID:** Check Cash Credit Card **(2.65% fee applied to be 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: \_\_\_\_\_