



**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 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: _____