

Official Death Record Order Form



**DUPAGE COUNTY
HEALTH DEPARTMENT**

To order a legal copy of a death record:

1. Fill out this form
2. **Photocopy your driver's license or state i.d.**
(front & back)

IF MAILING THE FORM SEND TO:
111 N. County Farm Road
Wheaton, IL 60187
Attn: Vital Records

Name of Deceased: _____
First Middle Last Name

Date of Death: ____/____/____ Sex (check one): Male Female
Month Day Year

Place of Death City, Village or Township County

Name of Requestor: _____

Applicants Relationship to the Deceased: _____

Funeral Home Name (if any): _____

Signature: _____

	Fee		Qty		
The fee is \$18.00 for the first copy.	\$18.00	X	1	=	\$18.00
Each additional copy is \$6.00 for the same record ordered at the same time.	\$6.00	X		=	
Postage and Handling	\$3.00				
<u>Total amount enclosed</u>					
Check or money order made payable to the DuPage County Health Department (do not send cash or credit card information through the mail).				=	

* When ordering through the mail, only checks and/or money orders will be accepted.

Your Telephone Number: _____

For Mail Only

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

For Office Use Only

Date: _____ # of Copies: _____

DL#/ID#/Other: _____

Amount Received: _____ Payment Method: _____

Identity Verified: Yes No Initials: _____

Mail Walk-in Fax

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All credit card payments will be assessed a transaction fee.