

Vital Record Office

817 West 950 South Brigham City Utah 655 East 1300 North, Logan, Utah 635 South 100 East, Logan Utah 440 West 600 North, Tremonton Utah 435-792-6500 www.brhd.org

First certified copy \$30.00* Each additional certified copy (ordered at the same time) \$10.00*

*Fees subject to change. Please review the certificate for accuracy; copies will only be replaced within 90 days of the issue date

If the requestor does not respond to a written notice from Vital Records within 90 days, BRHD may retain all monies paid.

Death Certificate Request Form

Name of Spouse: First Middle Last	Full Name of Decease	ed: First		Middle			Last		
Usual Residence of Deceased: City County State Parent 1 Full Name: Maiden Name if applicable First Middle Last Name of Spouse: First Middle Last Note: Positive identification is required (see reverse). If submitting by mail, please include a copy of both sides of your identification. Certificates may be ordered by the named individual's surviving spouse, parent, sibling, child, grandparent, or grandchild. Otherwise, proof of legal need is required. Records may be requested by the peneral public 50 years or more after the date of death. It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a record. Your Name and Relationship Valid ID Required Name: Telephone number: Address: Street address City State ZIP Relationship to individual on certificate: Spouse Parent Sibling Child Grandparent Grandchild Reason for requesting certificate: Signature: Date: For Office Use Only Payment Method: Cash Check/M.O. Credit/Debit Clerk: Request #: Request #: Request #: Request #: Request #:	Date of Death: (if unknown, approximate years)			Deceased's Date of Birth:					
City County State	Place of Death:	ce of Death: City County			Birth State	or Count	ry:		
Parent 2 Full Name: Maiden Name if applicable First Middle Last Name of Spouse: First Middle Last Note: Positive identification is required (see reverse). If submitting by mail, please include a copy of both sides of your identification. Certificates may be ordered by the named individual's surviving spouse, parent, sibling, child, grandparent, or grandchild. Otherwise, proof of legal need is required. Records may be requireded by the general public 50 years or more after the date of death. It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a record. Your Name and Relationship Valid ID Required Name: Telephone number: Street address City State ZIP Relationship to individual on certificate: Spouse Parent Sibling Child Grandparent Grandchild. Reason for requesting certificate: Signature: Date: For Office Use Only Payment Method: Cash Check/M.O. Credit/Debit Clerk: Request #: Request #: Request #: Request #: Make check or money order payable to BRHD	Usual Residence of D	eceased:	City		County		State		
Name of Spouse: First Middle Last	Parent 1 Full Name: _ Maiden Name if applicable	First		Middle			Last		
Note: Positive identification is required (see reverse). If submitting by mail, please include a copy of both sides of your identification. Certificates may be ordered by the named individual's surviving spouse, parent, sibling, child, grandparent, or grandchild. Otherwise, proof of legal need is required. Records may be requested by the general public 50 years or more after the date of death. It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a record. Your Name and Relationship Valid ID Required Name:				Middle			Last		
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Name:	Note: Positive identificatio be ordered by the named	n is required (see reverse). I individual's surviving spouse, Records may be requested	If submitting by m parent, sibling, cl I by the general p	ail, please inclo nild, grandpare ublic 50 years	nt, or grandch or more after t	ild. Otherwi he date of d	of your identification. se, proof of legal ned death.		
Address: Street address City State ZIP Relationship to individual on certificate: Spouse Parent Sibling Child Grandparent Grandchild Reason for requesting certificate: Signature: Date: For Office Use Only Payment Method: Cash Check/M.O. Credit/Debit Clerk: Additional copies x \$10.00 each: Total Due: \$ Make check or money order payable to BRHD	Your Name and Relationship Valid ID Required								
Relationship to individual on certificate: Spouse Parent Sibling Child Grandparent Grandchild Reason for requesting certificate: Signature: Date: Number of Certificates Requested	Name:Telephone number:								
Reason for requesting certificate: Date:				City			State	ZIP	
Signature:	Relationship to indi	vidual on certificate	: Spouse	Parent	Sibling	Child	Grandparent	Grandchild	
Number of Certificates Requested Non-Refundable search includes 1 certified copy: \$30.00 Additional copies x \$10.00 each: Total Due: \$ Make check or money order payable to BRHD For Office Use Only Payment Method: Cash Check/M.O. Credit/Debit Clerk: Request #:	Reason for request	ing certificate:							
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	Number of Certificates Requested			Payme	ant Metho		•	Credit/Dehit	
Total Due: \$ Make check or money order payable to BRHD Request # :	_1_ Non-Refundable	e search includes 1 certified	d copy: \$30.00					orcan/Debit	
Make check or money order payable to BRHD	Additional copie		\$	Reque	est#:				
			e: \$						

Acceptable Identification List

Government-issued identification is required for the purchase of a Utah birth or death certificate. Mailed requests must include an enlarged, easily identifiable photocopy of the <u>back and front</u> of your I.D. If no identification is enclosed, your application will be returned. All I.D. must be current.

Primary (1 of the following)

- Government-issued Photo Driver License
- Government-issued Photo ID Card
- Government-issued Work ID
- Employment Card
- U.S. Military ID Card
- Tribal ID Card
- Pilot License
- Alien Registration Card
- · Permanent Resident Card
- Passport
- Temporary Resident Card
- Certificate of U.S. Citizenship
- U.S. Certification of Naturalization
- U.S Citizen Identification Card
- · Matricula Consular Card
- Concealed Weapon Permit
- Mexican Voter Registration Card
- Jail/Prison Release Form (with photo)

OR

Secondary (2 of the following)

- School, College, or University ID (with date)
- Voter Registration Card
- Social Security Card
- U.S. Military Separation/DD-214
- Motor Vehicle Registration/Title
- Marriage License (not issued by Vital Records)
- Court Ordered Document
- Jail/Prison Documents
- Probation Documents
- Property Tax Receipt
- Veterans Universal Access ID Card
- Selective Service Card
- Hunting/Fishing License
- · Insurance Card or Document
- Utility Bill
- Business License
- Professional License
- Work ID/W-2/Paycheck
- Medicare

We Cannot Accept
Driving Privilege Card
Novelty ID Card

If you cannot provide acceptable identification, ask a spouse, parent, grandparent, sibling, or adult child who can provide appropriate identification to request the vital record. Proof of relationship may also be required, such as a birth, death, or marriage certificate.