



VITAL RECORDS

Box Elder, Cache & Rich County
brhd.org | 435.792.6500

DEATH CERTIFICATE REQUEST FORM

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. Death Certificate reprint fee of \$3 each will be charged. If the requestor does not respond to a written notice from Vital Records within 90 days, BRHD may retain all monies paid.

_____	_____	_____
Full Name of Deceased (First, Middle, Last)	Date of Birth	State or Country of Birth
_____	_____	_____
Date of Death (if unknown, approximate year)	City of Death	County of Death
_____	_____	_____
Full Maiden Name of Spouse, if married		

_____	_____	
Parent 1 (Full Birth Name)	Parent 2 (Full Birth Name)	

Note: Positive identification & Proof of relationship is required

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 or by his or her parent, sibling, child, grandparent, or grandchild. Proof. 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.

INDIVIDUAL MAKING REQUEST - VALID ID & PROOF OF RELATIONSHIP 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

Number of Certified Copies Requested	
1 Non-Refundable Search - Includes 1 Certified Copy	\$30.00
Additional Certified Copies x \$10.00 each	\$
	\$
No Credit/Debit Cards by Mail. Write Checks to BRHD	Total Cost: \$
If order is mailed, print mailing address:	

<i>For Office Use Only</i>
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Clerk:
Request #
Paper #

Signature of Collection _____ Date of Collection: _____

ACCEPTABLE IDENTIFICATION LIST TO OBTAIN VITAL RECORDS
ID MUST BE CURRENT

Identification is **required** for all non-public Vital Records.
Mailed requests must include an enlarged and easily identifiable photocopy of your identification from the list below or your application will be returned.

One form from the "Primary" list is required or two forms of identification from the "Secondary" List

PRIMARY
(Need 1)

- Government-issued Photo Driver's License
- Government-issued Photo identification
- Government-issued Work ID
- Employment Authorization Card
- U.S. Military ID Card
- Tribal ID Card
- Permanent Resident Card
- Foreign Visa
- U.S. Passport
- U.S. Passport Card
- Foreign Passport
- U.S. Naturalization Certificate
- Certificate of U.S. Citizenship
- Matricula Consular Card
- Concealed Weapon Permit
- Mexican Voter Registration Card
- Jail/Prison Release Form (with photo)
- Veteran's Health ID Card

SECONDARY
(Need 2)

- Work Identification/Paycheck/W-2
- 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 Order or Court Document
- Jail/Prison Documents
- Probation Documents
- Property Tax Receipt
- Selective Service Card
- Hunting/Fishing License
- Insurance Card or Document
- Utility Bill
- Business License
- Professional License

WE CAN NOT ACCEPT: Driving Privilege Card or Novelty ID Card

If you cannot provide acceptable identification, you may have a spouse, parent, grandparent, sibling, or adult child who can provide appropriate identification to request the certificate. Proof of relationship may also be required.

I am Requesting a Death Certificate "for Person A"

