APPLICATION FOR SEARCH OF DEATH RECORD FILES

Full Name of Deceased:	First		Middle		Last
Place of Death	Hospital		City, Village, or Twp.		County
Date of Death	Month Day Year	Sex:		Race:	Ususal Occupation
Date Last Known To be Alive	Month Day Year	Last Known Address			Married, Widowed, Never Married, Divorced
Date of Birth	Month Day Year	Birthplace:		Name of Husband or Wife:	
Full Name of Father of Deceased:				Full Maiden Name of Mother of Deceased:	

The fee of a SEARCH of a death record file is $18.00 If t the record is found, one certificate is furnished without further cost. Additional copies of the same record issued at the same time are $8.00 each.

Application made by:			Mail Copy to:		
Name			Name		
Street Address			Street Address		
City	State	Zip Code:	City	State	Zip Code
Application Relationship To Deceased:		Date	Reason for request:		

Who is eligible for a certified copy?

A person or his duly authorized agent:
* having a genealogical interest (record must be over 20 years old); or
* personal or property right interest in the records

What is the cost of a certified copy?

$18.00 for the first copy and $8.00 for each additional copy.

1) 18.00	6) 58.00	15) 130.00
2) 26.00	7) 66.00	20) 170.00
3) 34.00	8) 74.00	25) 210.00
4) 42.00	9) 82.00	30) 250.00
5) 50.00	10) 90.00	35) 290.00

Make all checks payable to: CITY OF MATTOON
208 N. 19th St.
Mattoon, IL 61938

Number of copies requested. _____