

# APPLICATION FOR SEARCH OF DEATH RECORD FILES

Enter as much information below as you have available.

Full Name of Deceased:											
First				Middle				Last			
Place of Death			Hospital				City, Village, or Twp.				County
Date of Death		Month	Day	Year	Sex: Male      Female		Race:		Usual 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 \$20.00. If the record is found, one certificate is furnished without further cost. Additional copies of the same record issued at the same time are \$10.00 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?

\$20.00 for the first copy and \$10.00 for each additional copy.

- |          |            |            |
|----------|------------|------------|
| 1) 20.00 | 6) 70.00   | 15) 160.00 |
| 2) 30.00 | 7) 80.00   | 20) 210.00 |
| 3) 40.00 | 8) 90.00   | 25) 260.00 |
| 4) 50.00 | 9) 100.00  | 30) 310.00 |
| 5) 60.00 | 10) 110.00 | 35) 360.00 |

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

Number of copies requested.      \_\_\_\_\_