

UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS
TOOELE COUNTY HEALTH DEPARTMENT
APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

Certificates for deaths which occurred in Tooele County since July 1990 are on file in this office.

INSTRUCTIONS

1. An application must be completed for each birth requested. **Picture ID is required to obtain death certificates.**
2. There is a fee of \$13.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed application with an easily identifiable photocopy of the **front** and **back** of your ID and the required fee (checks or money orders made payable to Vital Records) to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074. For any questions, please call (435) 843-2300.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL NAME OF DECEASED _____ SOCIAL SECURITY NUMBER _____

DATE OF DEATH _____ (IF NOT KNOWN, SPECIFY YEARS TO BE SEARCHED: _____)

PLACE OF DEATH (City) _____ (County) _____

BIRTHPLACE OF DECEDENT (State or County) _____ DATE OF BIRTH OF DECEDANT: _____

USUAL RESIDENCE OF DECEDENT (City & State) _____

FULL NAME OF FATHER _____

FULL MAIDEN NAME OF MOTHER: _____

IF DECEASED WAS MARRIED, NAME OF SPOUSE: _____

APPLICANT

RELATIONSHIP: **I am:** (Please circle one) Self Mother Father Sibling Spouse Child Grandparent Grandchild

Other (Specify) _____

IF OTHER, REASON FOR REQUESTING CERTIFICATE: _____

Your Signature _____ Date: _____

Printed Name _____ Telephone Number: _____

Your Address: _____

(City, State, & Zip)

NUMBER OF CERTIFIED COPIES REQUESTED

(If this order is to be mailed, please PRINT the name and mailing address below: _____)

_____ 1 st Certified Copy	\$ 13.00 +	_____
_____ Additional Certified Copies (\$8.00 each)	\$ _____ +	_____

TOTAL FEE: \$ _____

FOR OFFICE USE ONLY (do not write below :)

PAID: Check Cash Money Order Credit Card

Clerk's initials: _____

Certified Paper #: _____