UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS

TOOELE COUNTY HEALTH DEPARTMENT

APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

INFORMATION

Certificates for deaths that occurred in Tooele County since July, 1990 and deaths that occurred in Utah from June 2006 are on file in this office.

INSTRUCTIONS

1. An application must be completed for each death requested. Photo ID is required to obtain death certificate.
2. There is a fee of $16.00 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 and required fee to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074.
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_____

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 DECEDENT_____

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) 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

_____ Regular Certificate $ 16.00 +

_____ Additional Certified Copies ($8.00 each) $_____ +

TOTAL FEE $_____

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

_____

_____

_____

For OFFICE USE only (do not write below this line.)

PAID: CHECK CASH CREDIT/DEBIT

Certified Paper #_____

Request #_____

Revised 03/09

Clerks Initials_____