

SKOKIE HEALTH DEPARTMENT
5127 OAKTON STREET
SKOKIE, ILL. 60077-3520
847-933-8252

APPLICATION FOR SEARCH OF DEATH RECORD FILES

DECEASED'S FULL NAME: _____

SEX: check MALE FEMALE

DATE OF DEATH: _____

NUMBER OF COPIES REQUESTED: _____

I certify that I am a relative, funeral director, duly authorized agent, have a vested property interest or for genealogical research (record must be over 20 years old for genealogical research) and therefore am entitled to purchase death certificates for the above named individual.

SIGNATURE: _____

PRINTED NAME: _____

RELATIONSHIP TO THE DECEASED: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

DRIVER' LICENSE #: _____

CREDIT CARD #: _____ exp.: _____

(Discover, Visa or Mastercard)

Please remember to enclose a check or money order (\$10.00 for the first copy and \$5.00 for each additional copy made at the same time) payable to the Skokie Health Dept. or credit card number with expiration date and **a photocopy of your driver's license or State ID** with your application.