

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**WHO CAN ORDER A DEATH CERTIFICATE?**

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

**Suggested Identification**

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature	OR
<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State ID Card</li> <li>• Passport</li> <li>• Military ID Card</li> <li>• Tribal</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Work ID Card</li> <li>• Car registration/Insurance</li> <li>• Doctor/Medical record</li> <li>• Fishing License</li> <li>• US Military DD 214</li> <li>• Utility Bill with a current address</li> <li>• Voter Registration Card</li> <li>• Credit/Debit/ATM Card</li> <li>• School ID Card</li> <li>• Library Card</li> <li>• Insurance Record</li> <li>• Pay Stub</li> <li>• Traffic/ Pawn ticket</li> <li>• Court record</li> <li>• Year Book</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)</li> <li>• Have an authorized family member that has an ID order the certificate</li> </ul>

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request. **IMPORTANT:** If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

**COST: \$15.00 FOR THE 1<sup>ST</sup> CERTIFICATE AND \$6.00 FOR EACH ADDITIONAL CERTIFICATE ORDERED ON ONE REQUEST.**

**Please complete the following information:**

Decedent's Name: \_\_\_\_\_  
 Date of Death (We need a date to begin searching if date is unknown): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Parents Names: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Number of Copies: \_\_\_\_\_ Type of Record needed? Certified: \_\_\_\_\_ Not Certified: \_\_\_\_\_  
 Reason record is needed: \_\_\_\_\_

Mailing or Delivery Address: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Notary (For use if needed)

State of \_\_\_\_\_  
 County of \_\_\_\_\_

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of: \_\_\_\_\_

Residing at: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

SEAL

Official Use Only

Date: \_\_\_\_\_

Rec#: \_\_\_\_\_

Amount: \_\_\_\_\_

Cert#: \_\_\_\_\_

Ser#: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

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