



APPLICATION FOR DEATH CERTIFICATE

CITY OF ALTON, ILLINOIS

City Clerk's Office

101 E Third • Suite 101 • Alton, Illinois 62002

Telephone: (618) 463-3522

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E-mail: certificates@cityofaltonil.gov

Website: www.cityofaltonil.gov

The fee for a CERTIFIED COPY of a death record is **\$23.00**. Additional certified copies of the same record ordered at the same time are **\$8.00** each. Please indicate below the number of copies requested and return this form with the proper fee. Payment may be made by check or money order payable to: **City of Alton** or with a debit or credit card online (through the City of Alton webpage at www.cityofaltonil.gov).

*****Must enclose a copy of your ID containing your signature.*****

I am requesting _____ certified copies. I am enclosing the fee(s) of \$_____

FULL NAME ON CERTIFICATE **FIRST** **MIDDLE** **LAST**

PLACE OF DEATH (Street, R.F.D., Hospital) **CITY OR TOWN**

DATE OF DEATH **MONTH** _____ **DAY** _____ **YEAR** _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

REASON FOR REQUEST _____

Application Made By:

NAME (Typed or Printed)

Your Relationship to Deceased

Signature

Street Address

City

State

Zip Code

Phone #

Email Address