

DEATH CERTIFICATE REQUEST

Number of Copies _____

Please Print Information:

Name of Deceased _____

Date of Death _____ Place of Death _____

~FEE TO OBTAIN A CERTIFIED COPY OF DEATH:

\$24.00 FOR FIRST CERTIFIED COPY; \$6.00 FOR EA. ADDITIONAL

~MAIL REQUESTS, INCLUDE: CHECK OR MONEY ORDER

PAYABLE TO: OGLE COUNTY CLERK

105 S 5th St., Suite 104

OREGON, IL 61061

I, the undersigned, do hereby certify that I am entitled to receive the above Death Certificate for genealogy purposes under Illinois State Statute (410 ILCS 535/25) governs who can be issued a certified copy of a death certificate; or I am the legal representative, parent, spouse, or child of the deceased, and legally entitled according to the IL Compiled Statues.

Print Your Name

Your Signature

Address

Relationship to Person on Document

City/State/Zip Code

Phone

INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR ALL MAIL REQUESTS

Questions???? Please call us at 815/732-1110

Updated: October 19, 2011

FUNERAL HOMES - CALL THE OFFICE BEFORE ORDERING