

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:

\$9.00 FOR FIRST CERTIFIED COPY; \$6.00 FOR EA. ADDITIONAL

~MAIL-IN REQUESTS, PLEASE INCLUDE: CHECK OR MONEY ORDER
PAYABLE TO: OGLE COUNTY CLERK

I, the undersigned, do hereby certify that I am entitled to receive the above Death Certificate for genealogy purposes under Chap. 111 1/2 Para 73-24 of the IL Compiled Statutes; or I am the legal representative, parent, spouse, or child of the deceased, and legally entitled according to the IL Compiled Statutes.

Print Your Name

Your Signature

Address

Relationship to Person on Document

City/State/Zip Code

Phone

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