

**AMY BRITTON**  
CLAY COUNTY CLERK  
P.O. BOX 160  
LOUISVILLE, IL 62858  
618-665-3626

## **APPLICATION FOR SEARCH OF DEATH RECORD**

**\*Before filling out Application, please be certain that the DEATH occurred in Clay County\***

### **CERTIFIED COPY OF DEATH RECORD**

\$20.00 each

\$11.00 for each additional certified copy  
of the same record

# OF COPIES REQUESTED: \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_

### **GENEALOGICAL COPIES**

The death record MUST be on  
file for at least 25 years  
\$5.00 each

# OF COPIES REQUESTED: \_\_\_\_\_

AMOUNT ENCLOSED: \$ \_\_\_\_\_

**Name of Deceased:** \_\_\_\_\_

(First)

(Middle)

(Last)

**Date of Death:** \_\_\_\_\_

(MM/DD/YYYY)

**Place of Death:** \_\_\_\_\_

(City & State)

**Date of Birth:** \_\_\_\_\_

(MM/DD/YYYY)

**Gender:** \_\_\_\_\_

(M or F)

**Race:** \_\_\_\_\_

(White/etc.)

**Name of Informant:** \_\_\_\_\_

(First)

(Middle)

(Last)

**Name of Father of Deceased:** \_\_\_\_\_

(First)

(Middle)

(Last)

**Name of Mother of Deceased:** \_\_\_\_\_

(First)

(Middle)

(Maiden)

**\*\*PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE-ISSUED PHOTO ID IS REQUIRED\*\***

***Please check the appropriate box:***

- I am a relative with a personal property right interest with the decedent.
- I have a genealogical interest.
- I am a representative from an agency or organization needing the Death Certificate.

APPLICATION MADE BY:

MAIL COPY TO (if other than applicant):

\_\_\_\_\_  
NAME (Signature)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
PHONE NUMBER WITH AREA CODE

\_\_\_\_\_  
RELATIONSHIP TO PERSON OF RECORD

\_\_\_\_\_  
INTENDED USE OF DOCUMENT

***Please make check or money order payable to: Clay County Clerk***