

**BRENDA BRITTON
CLAY COUNTY CLERK
P.O. Box 160
Louisville, IL 62858
1-618-665-3626**

APPLICATION FOR SEARCH OF DEATH RECORD FILES

CERTIFIED COPY OF DEATH RECORD

\$12.00 each
\$ 5.00 for each additional Certified Copy

REQUESTING # _____ of Certified Copies

AMOUNT ENCLOSED \$ _____

GENEALOGICAL COPIES

The death record **MUST** be on
file for at least 20 years
\$ 3.00 each

REQUESTING # _____ of Copies

AMOUNT ENCLOSED \$ _____

SUBMIT A COPY OF YOUR CURRENT PHOTO ID

FULL NAME OF DECEASED	First	Middle	Last		
PLACE OF DEATH	Hospital	City or Town	County	State	
DATE OF DEATH	Month	Day	Year		
Sex	Race	Occupation	Social Security Number		
DATE LAST KNOWN TO BE ALIVE	Month	Day	Year		
LAST KNOWN ADDRESS			MARITAL STATUS		
DATE OF BIRTH	Month	Day	Year	BIRTHPLACE	City State
NAME OF HUSBAND OR WIFE					
FULL NAME OF FATHER OF DECEASED			FULL MAIDEN NAME OF MOTHER OF DECEASED		

APPLICATION MADE BY

MAIL COPY TO (if other than applicant)

NAME (written signature)

NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

YOUR RELATIONSHIP TO PERSON

INTENDED USE OF DOCUMENT