

City of Belvidere ~ Illinois

City Hall: 401 Whitney Blvd.
 Belvidere, Illinois 61008-3710
 (815) 544-2612 ~ Fax (815) 544-3060

APPLICATION FOR SEARCH OF DEATH RECORD FILES

Full Name of Deceased:		First	Middle	Last
Place of Death:		Hospital	City, Village, or Twp.	County
Date of Death:	Month / Day / Year	Sex	Race	Usual Occupation
Date last known to be alive: Month / Day / Year		Last known address		Married, Widowed, Never Married, Divorced
Date of Birth:	Month / Day / Year	Birthplace	Name of Husband or Wife	
Full Name of Father of Deceased			Full Name of Mother of Deceased	

Date of Request		Intended Use of Record	
Application made by: Name		Mail copy to: Name	
Street Address		Street Address	
City	State	Zip	City State Zip
Applicant's Relationship to Deceased:		Type of Current/Valid Photo ID (copy attached)	
Number of Copies Desired	Amount Enclosed		Money Order, Cash, or Certified Check

Please make check payable to "City of Belvidere".

Cost of Certificates: \$14.00 for the first copy, and \$6.00 for each additional copy.

Certified copies will be mailed after request and payment have been received.

Any request for a certified copy of a vital record requires a copy of the applicant's current/valid photo ID per the Illinois Division of Vital Records. Please present a current/valid photo ID when applying in person, or attach a copy if applying via mail. Thank you.