**WHO CAN ORDER A DEATH CERTIFICATE?**

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation," a certified copy which has the cause of death information removed will be issued.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver’s license or other legal picture identification with a signature or the requestor must have this application notarized.

<table>
<thead>
<tr>
<th>Picture ID with a Signature</th>
<th>OR Two Forms of ID - One MUST have a Signature</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver’s License</td>
<td>Social Security Card</td>
<td>Credit/Debit/ATM Card</td>
</tr>
<tr>
<td>State ID Card</td>
<td>Work ID Card</td>
<td>School ID Card</td>
</tr>
<tr>
<td>Passport</td>
<td>Car registration/Insurance</td>
<td>Library Card</td>
</tr>
<tr>
<td>Military ID Card</td>
<td>Doctor/Medical record</td>
<td>Insurance Record</td>
</tr>
<tr>
<td>Tribal</td>
<td>Fishing License</td>
<td>Pay Stub</td>
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<tr>
<td></td>
<td>US Military DD 214</td>
<td>Traffic/ Pawn ticket</td>
</tr>
<tr>
<td></td>
<td>Utility Bill with a current address</td>
<td>Court record</td>
</tr>
<tr>
<td></td>
<td>Voter Registration Card</td>
<td>Year Book</td>
</tr>
</tbody>
</table>

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request.

**IMPORTANT:** If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

**FEE (All fees must be U.S. funds)**

- CERTIFIED COPIES OF A DEATH CERTIFICATE cost $3.00 for each certified death certificate. (non-refundable)

Please complete the following information.

Decedent’s Name: ____________________________

Date of Death (We need a date to begin searching if date is unknown): ________________ Date of Birth: ________________

Place of Death: ____________________________ Place of Birth: ____________________________

Parents Names: _____________________________________________________________________

Occupation: ____________________________ Spouse’s Name: ____________________________

Number of Copies ____________________________ Type of record needed? Certified _________ Not Certified _________

Reason record is needed ___________________________________________________________________

**Mailing or Delivery Address:**

Name: __________________________________________

Address: ____________________________ City, State, Zip: ____________________________

Daytime Telephone Number: ____________________________ Signature of Applicant: ____________________________

**Notary (For use if needed)**

Verification of Signer’s ID is Mandatory

State of __________________________________________

County of __________________________________________

This record was signed and sworn to (or affirmed) before me on ____________________________

by __________________________________________

(Date)

(Name of Signer)

(Notary’s Signature)

[Official Stamp]

**Official Use Only**

Date ____________________________

Rec# ____________________________

Amount ____________________________

Cert # ____________________________

Set # ____________________________

Comment ____________________________

**NOTICE:** STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT, OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114(C), MCA)