UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS

TOOELE COUNTY HEALTH DEPARTMENT

APPLICATION FOR CERTIFIED COPY OF A DEATH CERTIFICATE

INFORMATION

Certificates for deaths that occurred in in Utah from June 2006 are available in this office.

INSTRUCTIONS

1. An application must be completed for each death requested. **Photo ID is required to obtain death certificate.**
2. There is a fee of $18.00 for each search of our files. Additional certified copies of this record ordered at the same time are $10.00 each.
3. Send the completed application and required fee to Tooele County Health Department, Vital Records, 151 North Main, Tooele, Utah 84074.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL NAME OF DECEASED_____

DATE OF DEATH_____ (If not known, specify years to be searched)_____

PLACE OF DEATH (City)_____ (County)_____

BIRTHPLACE OF DECEDENT (State or County)_____ DATE OF BIRTH OF DECEDENT_____

USUAL RESIDENCE OF DECEDENT (City & State)_____

FULL NAME OF FATHER_____

FULL MAIDEN NAME OF MOTHER_____

IF DECEASED WAS MARRIED, NAME OF SPOUSE_____

APPLICANT

RELATIONSHIP: **I am:** (Please circle one) Mother Father Sibling Spouse Child Grandparent Grandchild

Other (Specify)_____

If other, reason for requesting certificate:_____

Your Signature_____ Date_____

Printed Name_____ Telephone Number_____

Your Address _____
(City, State & Zip)

NUMBER OF CERTIFIED COPIES REQUESTED

____ Regular Certificate $ 18.00 +

____ Additional Certified Copies ($10.00 each) $_____ +

TOTAL FEE $_____

(If this order is to be mailed, please **PRINT** the name and mailing address below)

_____

_____

_____

For OFFICE USE only (do not write below this line.)

PAID: CHECK CASH CREDIT/DEBIT

Certified Paper #_____

Request #_____

Revised 11/17

Clerks Initials_____