

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 Tooele County since July, 1990 and deaths that occurred in Utah from June 2006 are on file 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 06/16 **Clerks Initials** _____