

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 \$8.00 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 + | (If this order is to be mailed, please <b>PRINT</b> the name and mailing address below) |
| _____ Additional Certified Copies (\$8.00 each) | \$ _____ + |   |
| <b>TOTAL FEE</b>                                | \$ _____   |   |

\*\*\*\*\*  
**For OFFICE USE only** (do not write below this line.)  
**PAID:** CHECK    CASH    CREDIT/DEBIT

**Certified Paper**  
# \_\_\_\_\_

**Request #** \_\_\_\_\_  
Revised 06/14

**Clerks Initials** \_\_\_\_\_

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**FEE SCHEDULE**

Fees Effective  
July 1, 1993

Search and issuance of certified copy of certificate  
of **birth** or certificate of search:

Five years centered on requested year: . . . . . \$ 12.00  
Each additional five-years: . . . . . \$ 12.00  
Search of entire file: . . . . . \$ 50.00

Search and issuance of certified copy of certificates  
of **death, fetal death, acknowledgment of paternity,**  
or certificate of search: . . . . . \$ 9.00

Certification of **divorce (1978-1997) or marriage (1978-1998):**  
(abstract of information only) . . . . . \$ 9.00

**Amendments** to correct information after one year of event  
or court order changes to vital records: . . . . . \$ 20.00  
(includes one certified copy)

Registration and/or preparation and certified copy of  
**delayed birth certificate, a new birth certificate**  
after adoption, legitimation, or adjudication of  
paternity (includes one certified copy): . . . . . \$ 40.00

**Duplicate copies** requested with initial search: . . . . . \$ 5.00

**Expedite fee** for same day service . . . . . \$ 10.00  
(Mail and credit card phone orders only)

SPECIAL HANDLING FEES (in addition to the fees listed above)

**Credit card orders** (phone only: 801-538-6380) . . . . . \$ 5.00

Express Mail or Federal Express handling . . . . . Current  
(according to the type of service requested) . . . . . Fee

**Note:** If the applicant does not respond to a written request from Vital Records within  
90 days, Vital Records may retain all monies paid.