



Nancy Schultz Voots

W I L L C O U N T Y C L E R K

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Office Hours:
Monday – Friday 8:30 am – 4:30 pm
Saturday* 9:00 – 12:00
* Holiday Exceptions

Request for Death Record

(Please print all information except your signature)

The fee for one certified copy is **\$11.00**. Each additional copy of the same record issued at the same time is **\$6.00**.

Name on Death Record:

First Middle Last

Date of Death: ___/___/___ **Place of Death:** _____

Number of copies requested: _____

Purpose: Please (✓) appropriate box & complete information requested

- I have a personal or property right interest in the record.
- I am the duly authorized agent of a person having a personal or property interest in the record.
 - ✓ Your relationship to the deceased: _____
 - ✓ Intended use of this document: _____
- I am a genealogist (record must be at least 20 years old)

TO REQUEST A DIFFERENT DEATH RECORD

Name on Death Record:

First Middle Last

Date of Death: ___/___/___ **Place of Death:** _____

Number of copies requested: _____

Purpose: Please (✓) appropriate box & complete information requested

- I have a personal or property right interest in the record.
- I am the duly authorized agent of a person having a personal or property interest in the record.
 - ✓ Your relationship to the deceased: _____
 - ✓ Intended use of this document: _____
- I am a genealogist (record must be at least 20 years old)

Fraudulent use of any vital record is a Class 4 felony punishable by imprisonment of up to 3 years and a fine of \$10,000 or both. (410ILCS 535/25)

Your Name

Address (_____) Phone

City State Zip

Your Signature (required)

To obtain a copy of a Death Record by mail:

- Complete this request form
- Your request must be signed by you
- **Send a photocopy of your identification with your signature on it**
- Include your check or money order made payable to: **Will County Clerk**
- Mail your request to:

Will County Clerk
302 N. Chicago Street
Joliet, Illinois 60432

Acceptable Forms of Valid Identification

Illinois Driver's License
Illinois State Identification Card
Out-of-State Driver's License or ID Card
U.S. Military Identification Card
U.S. Naturalization Certificate
U.S. Passport

For Office Use Only: ID # _____

Check # _____ Amount \$ _____

ID? YES NO 2nd Signature? YES NO

Certificate # _____ # of copies _____

M =Medical **F** =Fetal **CT** =Coroners Temp **CP** =Coroners Perm

Processed by: _____ Proofed by: _____

Date Mailed: ___/___/___