



Office of the DeKalb County Clerk & Recorder  
**Douglas J. Johnson**

## DEATH RECORD REQUEST

Doc # \_\_\_\_\_

Searcher \_\_\_\_\_

Number of Copies Requested \_\_\_\_\_ Today's Date \_\_\_\_\_

(First Certified Copy is \$21.00; each additional copy of same record is \$17.00)

BEFORE completing, please be certain death occurred in DeKalb County

I certify that I am legally entitled, according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy for the following reason:

I have a personal or property right interest in the record, or I am the informant listed on the record.

I am the duly authorized agent of a person having a personal or property interest in the record. (Supporting documentation must be included with request otherwise, only the record abstract will be issued.)

Name of Deceased \_\_\_\_\_  
First Name Middle Name Last Name

Date of Death \_\_\_\_\_  
Month Day Year

Place of Death \_\_\_\_\_  
City, Town or Village

\_\_\_\_\_  
Printed name of person requesting record

\_\_\_\_\_  
Your relationship to deceased / Reason for request

\_\_\_\_\_  
Requester address (street, city, state and zip code)

\_\_\_\_\_  
Phone or Email

*I affirm, under the penalty of perjury, that the representations made on this application are true to the best of my knowledge and belief.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Requests by mail must include payment and copy of photo identification

Office use only: Form of ID \_\_\_\_\_ ID Number \_\_\_\_\_