



Office of the DeKalb County Clerk & Recorder
Tasha Sims

DEATH RECORD REQUEST

Office Use only:

Doc # _____

Searcher _____

Number of Copies Requested _____ Today's Date _____

First Certified Copy is \$21.00; each additional copy of same record is \$17.00, unless record indicates active/retired military *see below

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

Deceased was an active duty or retired service member of the U.S. military: Yes No

*If "Yes", first copy @ no charge, additional copies of same record \$6.00

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 _____