

City of Harvey
15320 Broadway Ave. Harvey, Il. 60426
Application for Death Certificate

Full name: _____

Date of Death: _____ **Number of Copies** _____

Place of Death: INGALLS MEMORIAL HOSPITAL

I, undersigned, do hereby certify that I am legally Entitled to receive the requested certified copy according to the Illinois State Statue (Chap. 111 ½ Sec. 73-25 (4) (b))

Print Your Name

Signature

Address

Relationship to person on document: Parent__ Child__ Sibling __ Other__

() _____ - _____
Phone No.

_____ **IS REQUEST FOR A MINOR (17 YEARS OR UNDER)**

_____ **INDICATE WHAT DOCUMENT IS NEEDED FOR:**

Fee: \$15.00 For One Certified Copy and \$4.00 For each additional of the same certificate

A current photo is required to pick up your certificates.