# DEATH CERTIFICATE APPLICATION

**City of Harvey**
**15320 Broadway Ave., Harvey, IL 60426**

Before filling out this application be certain that the death occurred at **Ingalls Hospital or in Harvey.**

**PLEASE PRINT CLEARLY**

**Full Birth Name**: _____
First Middle Last

**Date of Death**: _____ _____ _____
Month Day Year

**# of Copies**: ____

**Indicate what document is needed for:**

____ **Insurance**
____ **SSI**
____ **Other**: (Please Specify) _____

**COST:** **$17 FOR ONE (1) CERTIFIED COPY**
**$6 FOR EACH ADDITIONAL COPY OF THE SAME CERTIFICATE PER REQUEST.**

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF HARVEY**
**All personal checks require a driver's license and home phone number for check verification.**

**One (1) photo ID is required in order to obtain the death certificates.**
**Examples of Acceptable photo ID:** **Current Driver's License** **State ID**
**Current Passport** **Military ID**

**If you are not a relative of the deceased you must provide documentation pertaining to why you need the record. (ex. Insurance papers or a Will listing you as beneficiary, etc.)**

**For requests made by mail please send in photo copies of required ID only. To ensure processing, make sure all copies are legible.**

I, the undersigned, do hereby certify that the information contained in this application is true and correct and that I am legally entitled to receive the requested information.

_____ _____
**Print Name** **Signature**

_____
**Mailing Address**

**Relationship to person on Document**
_____Parent ____Other (specify) _____

_____ _____ _____
**City** **State** **Zip Code**

(_____)_____--_____
**Phone No.**

**ONLINE FORM**