Death Certificate Request Form

Full Name of Deceased: ____________________________________________

First                      Middle                      Last

Date of Death: (if unknown, approximate years) ______________________

Deceased’s Date of Birth: _________________________________________

Place of Death: __________________________________________________

Deceased’s Birth State or Country: _________________________________

City                      County

Usual Residence of Deceased: ______________________________________

City                      County                      State

Parent 1 Full Name: ___________________________ ___________________________

Maiden Name if applicable: First                      Middle                      Last

Parent 2 Full Name: ___________________________ ___________________________

Maiden Name if applicable: First                      Middle                      Last

Name of Spouse: ___________________________ ___________________________

First                      Middle                      Last

Note: Positive identification is required (see reverse). If submitting by mail, please include a copy of both sides of your identification. Certificates may be ordered by the named individual’s surviving spouse, parent, sibling, child, grandparent, or grandchild. Otherwise, proof of legal need is required. Records may be requested by the general public 50 years or more after the date of death.

It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a record.

Your Name and Relationship -- Valid ID Required

Name: ___________________________________________ Telephone number: __________________

Address: ________________________________________________________________

Street address                      City                      State                      ZIP

Relationship to individual on certificate: Spouse Parent Sibling Child Grandparent Grandchild

Reason for requesting certificate: ____________________________________________

Signature: ___________________________ Date: ___________________________

Number of Certificates Requested

1. Non-Refundable search includes 1 certified copy: $30.00

___ Additional copies x $10.00 each: $_______

Total Due: $_______

Make check or money order payable to BRHD

*No Credit/Debit Cards Accepted by Mail

For Office Use Only

Payment Method: Cash  Check/M.O.  Credit/Debit

Clerk: ___________________________

Request #: _______________________

Vital Record Office
817 West 950 South Brigham City Utah
655 East 1300 North, Logan, Utah
635 South 100 East, Logan Utah
440 West 600 North, Tremonton Utah
435-792-6500 www.brhd.org

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Acceptable Identification List

Government-issued identification is required for the purchase of a Utah birth or death certificate. Mailed requests must include an enlarged, easily identifiable photocopy of the back and front of your I.D. If no identification is enclosed, your application will be returned. All I.D. must be current.

### Primary
(1 of the following)

- Government-issued Photo Driver License
- Government-issued Photo ID Card
- Government-issued Work ID
- Employment Card
- U.S. Military ID Card
- Tribal ID Card
- Pilot License
- Alien Registration Card
- Permanent Resident Card
- Passport
- Temporary Resident Card
- Certificate of U.S. Citizenship
- U.S. Certification of Naturalization
- U.S Citizen Identification Card
- Matricula Consular Card
- Concealed Weapon Permit
- Mexican Voter Registration Card
- Jail/Prison Release Form (with photo)

### Secondary
(2 of the following)

- School, College, or University ID (with date)
- Voter Registration Card
- Social Security Card
- U.S. Military Separation/DD-214
- Motor Vehicle Registration/Title
- Marriage License (not issued by Vital Records)
- Court Ordered Document
- Jail/Prison Documents
- Probation Documents
- Property Tax Receipt
- Veterans Universal Access ID Card
- Selective Service Card
- Hunting/Fishing License
- Insurance Card or Document
- Utility Bill
- Business License
- Professional License
- Work ID/W-2/Paycheck
- Medicare

We Cannot Accept
Driving Privilege Card
Novelty ID Card

If you cannot provide acceptable identification, ask a spouse, parent, grandparent, sibling, or adult child who can provide appropriate identification to request the vital record. Proof of relationship may also be required, such as a birth, death, or marriage certificate.