

DEATH

\$20 for one copy, \$10 for each additional copy issued at the same time. Make check or money order payable to: Coles County Clerk (**Please send one copy of a driver's license or state-issued photo ID** with all requests). Before completing this application, be certain the death occurred in Coles County, Illinois. Please print clearly and legibly. When requesting a certificate by mail, please include a self-addressed, stamped envelope.

Number of Copies _____

Name on Record _____
(First Name) (Middle Name) (Last Name)

Date of Death _____

Parent(s) Name _____

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person, who has a personal or property right interest in the death certificate, and am legally entitled to the certificate, as specified by Illinois State Statute.

(Print your Name) (Your Signature)

(Address) (Relationship to person on document)

(City) (Area Code and Phone Number)

(e-mail Address)

Please check the Appropriate Box

I am a relative with a personal property right interest with the decedent

I have a genealogical interest

I am a representative from an agency or organization needing the death certificate
(complete below)

Intended use as a representative _____

Mail to (Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

**Julie Coe, Coles County Clerk/Recorder
651 Jackson Ave., Room 122
Charleston, IL 61920**