



Josh Tanner
Macon County Clerk

141 South Main Street, Room 104
Decatur, IL 62523
Phone 217-424-1305 Fax 217-423-0922

CERTIFIED DEATH RECORD REQUEST

PLEASE SEND _____ COPIES OF THE DEATH RECORD OF THE FOLLOWING PERSON:

NAME: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

FATHER'S NAME: _____
(IF KNOWN)

MOTHER'S NAME: _____
(IF KNOWN)

PLEASE MAIL COPIES TO:

PHONE NUMBER: _____

AMOUNT ENCLOSED: _____

(SIGNATURE)

(RELATIONSHIP)

PLEASE ENCLOSE WITH REQUEST A MONEY ORDER, COPY OF YOUR PHOTO ID AND A SELF ADDRESSED STAMPED ENVELOPE.

COST OF COPIES:

FIRST COPY	\$ 27.00
EACH ADDITIONAL	\$ 14.00
SEARCH FEE	\$ 5.00 (IF DATE OF DEATH UNKNOWN)