

VERMILION COUNTY HEALTH DEPARTMENT  
 200 South College, Suite A, Danville, Illinois 61832 217-431-2662  
 APPLICATION FOR SEARCH OF DEATH RECORD FILES

**The Vermilion County Health Department's death record files are from 1983 to present. For search of death record files prior to this date, call the County Clerk's office at 217-554-1913**

The fee for a **certified** copy of the death record is \$23.00 each.  
 Additional copies of the **same record** ordered **at the same time** are \$12.00 each.  
 A certified copy is a sealed photographic copy of the **original death certificate** suitable for all legal purposes.  
**Please send a copy of your state photo ID, and the total fee required for the request.**

First Certified Copy requested: \$23.00 Additional Copies: _____ at 12.00 EACH Total Amount Enclosed: \$ _____	<b>Make check or money order payable to:</b> <b>Vermilion County Health Department</b> <b>Do not send cash.</b>
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<b>Full Name of Decedent (Required)</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>				
<b>Place of Death (Required)</b>	<b>Hospital</b>	<b>City of Town</b>	<b>County</b>	<b>State</b>			
<b>Date of Death (Required)</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Sex *</b>	<b>Race *</b>	<b>Occupation *</b>	<b>Social Security Number *</b>
<b>Decedent's Date of Birth</b>	<b>Month</b>	<b>Day</b>	<b>Year *</b>	<b>Birthplace (City and State) *</b>	<b>Marital Status *</b>	<b>Name of Husband or Wife *</b>	
<b>Full Name of Father of Deceased *</b>				<b>Full Maiden Name of Mother of Deceased *</b>			

<b>Application made by:</b>
<b>Name (Written Signature)</b>
<b>Driver's License Number</b>
<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>

<b>Print Name (Applicant)</b>
<b>Telephone Number (Applicant)</b>
<b>Relationship to Decedent (Required)</b>
<b>Intended Use of Document (Required)</b>

<b>Mail to: Vermilion County Health Department</b> <b>Attn: Vital Records</b> <b>200 South College, Suite A</b> <b>Danville, IL 61832</b>	Please mail certified copies to the above address. <input type="checkbox"/> I will pick up the certified copies at your agency. <input type="checkbox"/>
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**\* - Not Required**