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| BOH logo.jpg  **DEATH FILING REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FUNERAL HOMES 🞟 MORTUARIES 🞟 CREMATORIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Please review your certificates for accuracy. Errors may increase processing time. * Ensure ALL areas on the certificate are complete * Complete one request form per filing before presenting. * PERMITS MUST BE FILED WITH THE CERTIFICATES FOR ALL CREMATIONS, BODY DONATIONS and REMOVALS  |  |  | | --- | --- | | **Common errors or overlooked items. Errors or incomplete items may delay your filing(s).** | | | * **Autopsy findings left blank** * **Residing in city limits (7g) left blank** | * **Armed Forces member left blank (8)** * **Mother’s name prior to marriage (12) left blank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funeral Home Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date Requested | | | | | |  | | | |
| Mailing Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| City | | |  | | | | | | | | | | | | | State | | |  | | | | | | Zip | |  | | | | | | | |  | | | | |
| Requestor Email | | | | | |  | | | | | | | | | | | | | | Fax | | |  | | | | | | | | Phone | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Death Filing Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Decedent’s full name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date of death | | | | | |  | | | | | |
| Place of Death | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | *mm/dd/yyyy* | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Number of paid copies** | | | | | | | | | |  | | | **1st copy @ $25.00** | | | | | | | | | |  | | **$5.00 each additional copy at same time.** | | | | | | | | | | | | | |
| VA copy? ❑ Yes ❑ No | | | | | | | | | | | | | | | | | | | | Please present payment at time of request filing. | | | | | | | | | | | | | | | | | | |
| **DROPPING OFF?** | | | | | | | **❑ Yes** | | | | | **❑ No** | | | | |  | | | | | | | | **RETURN via MAIL?** | | | | | | | | | | | **❑ Yes** | **❑ No** | |
| **Same day filing available if correctly submitted prior to 3:00 p.m.**  **All requests received after 3:00 p.m. will be processed the next business day.**  **DEATH CERTIFICATE FILING BUSINESS HOURS: 8:00 a.m. – 4:00 p.m.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Vital Records Office Use Only* | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | | | |  |
| PAYMENT | | | | Cash | | | |  | | | | | | Credit/Debit | | | | | | |  | | | | | | | Check # | | |  | | | | | | |  |
| Receipt No. | | |  | | | | | | | | | | | | |  | | | | | Prepared by | | | | | | |  | | |  | | | | | | |  |
| *Payment is required at time of receipt.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Fee Schedule for One Filing with Certificate Copies

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | - | $25 | 4 | - | $40 | 7 | - | $55 | 10 | - | $70 | 13 | - | $85 | 16 | - | $100 |
| 2 | - | $30 | 5 | - | $45 | 8 | - | $60 | 11 | - | $75 | 14 | - | $90 | 17 | - | $105 |
| 3 | - | $35 | 6 | - | $50 | 9 | - | $65 | 12 | - | $80 | 25 | - | $95 | 18 | - | $110 |