



**UTAH COUNTY HEALTH DEPARTMENT OFFICE OF VITAL RECORDS  
REQUEST FOR CERTIFIED DEATH CERTIFICATE  
HOURS: MONDAY-FRIDAY 8:00 AM– 4:30 PM (801) 851-7005**

**WARNING:** It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a certificate.

**INFORMATION**

Certificates for deaths that occurred in Utah County since 1905 are on file in this office.

**INSTRUCTIONS**

1. A request form must be completed for each death certificate requested.
2. There is a fee of **\$30.00** for each search of our files. Duplicate certified copies of this record requested at the same time are **\$10.00** each. (Checks made payable to UCHD.)
3. Send the completed request form, required fee (Payable to UCHD) and a photocopy of your current I.D. (Driver's License) to UCHD 151 S University Ave Suite 1100 Provo Utah 84601

**IDENTIFYING INFORMATION**

FULL NAME OF DECEASED \_\_\_\_\_  
 DATE OF DEATH \_\_\_\_\_ (if not known, specify years to be searched) \_\_\_\_\_  
 PLACE OF DEATH (City) \_\_\_\_\_ (County) \_\_\_\_\_  
 BIRTHPLACE OF DECEDENT (State or Country) \_\_\_\_\_ DATE OF BIRTH OF DECEDENT \_\_\_\_\_  
 USUAL RESIDENCE OF DECEDENT (City & State) \_\_\_\_\_  
 FULL NAME OF PARENT \_\_\_\_\_  
 FULL NAME OF PARENT \_\_\_\_\_  
 IF DECEASED WAS MARRIED, NAME OF SPOUSE \_\_\_\_\_

**REQUESTOR**

RELATIONSHIP: **I am** (please circle one) Parent Sibling Spouse Child Grandparent Grandchild  
 Other : (Specify) \_\_\_\_\_  
 If other, reason for requesting certificate: \_\_\_\_\_  
 Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 (City, State, and Zip)

**NUMBER OF CERTIFIED COPIES REQUESTED**

_____ Regular Certificate	\$ 30.00	If this order is to be mailed, please <b>PRINT</b> the name and mailing address below: _____
_____ Additional Certified Copies (\$10 each)	_____	
<b>TOTAL FEE</b>	_____	

**For OFFICE USE ONLY** (do not write below this line)

**PAID:** Check Cash Money Order **FOR CREDIT CARD:** circle card type VISA / MasterCard / Discover

**Certified Paper #:** \_\_\_\_\_ **Name on card:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
**Request #:** \_\_\_\_\_ **Clerk's Initials:** \_\_\_\_\_ **Card #:** \_\_\_\_\_ **3-Digit Code:** \_\_\_\_\_  
**Teller** \_\_\_\_\_ **Trans #** \_\_\_\_\_ **Signature:** \_\_\_\_\_