



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 \$18.00 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 \$ 18.00
Additional Certified Copies (\$10 each)
TOTAL FEE

If this order is to be mailed, please PRINT the name and mailing address below:

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: