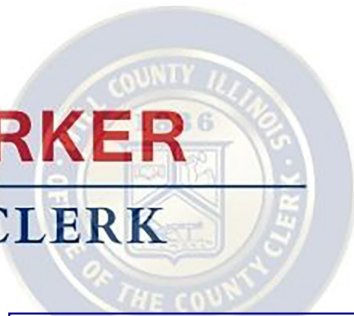


# ANNETTE PARKER

## WILL COUNTY CLERK

302 N. CHICAGO STREET, JOLIET, IL 60432  
VITALRECORDS@WILLCOUNTY.GOV  
815-740-4615  
FAX: 815-740-4699



**Office Hours:**  
Monday – Friday 8:30 am – 4:30 pm  
\* Holiday Exceptions

**Death Certificates** are not public records due to privacy rights and fraud prevention, and only the following are entitled to receive certified copies:

- Immediate relative (spouse, parent, child, brother or sister)
- Individuals (or their duly authorized agents) with a personal or property right interest in the record AND will present/enclose a letter or document from the office or agency that needs the death certificate.

For Genealogy purposes record must be 20 years or older. Records start in Dec. 1877.

**Fee:** payable in cash, check, money order, or credit/debit (service fee applied)  
\$16.00 for one certified copy.  
\$8.00 for additional certified copies of the same record issued at same time.

**Identification:** Must have a valid photo ID.

(Please print all information except your signature.)

### Name on Death Record:

\_\_\_\_\_  
First Middle Last

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Death: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

### Relationship: Must Check Box Below to Release Document.

Please (✓) appropriate box:

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse            | <input type="checkbox"/> Executor of Estate                |
| <input type="checkbox"/> Parent            | <input type="checkbox"/> Authorized Agent                  |
| <input type="checkbox"/> Child             | <input type="checkbox"/> Person or Property Right Interest |
| <input type="checkbox"/> Brother or Sister | (Agency documentation must be Presented)                   |

### Purpose:

Please (✓) appropriate box

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Insurance    | <input type="checkbox"/> Social Security    |
| <input type="checkbox"/> Banking      | <input type="checkbox"/> Retirement/Pension |
| <input type="checkbox"/> Will/Probate | <input type="checkbox"/> Child Support      |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Genealogy          |

**Fraudulent use of any vital record is a Class 4 felony punishable by imprisonment of up to 3 years and a fine of \$10,000 or both. (410 ILCS 535/25)**

Your Name \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature (required) \_\_\_\_\_

### To obtain a certified copy of a **Death Record** by mail:

- Complete this request form.
- Your request must be signed by you.
- If you are a legal authorized (attorney, legal court appointed guardian, etc.) or a person with a personal or property right interest in the record, you must provide authorizing documents from the office or agency requiring the death certificate.
- **Send a photocopy of your identification with your signature on it.**
- Include your check or money order (exact amount) made payable to:  
**Will County Clerk**
- Mail your request to:  
**Will County Clerk**  
**302 N. Chicago Street**  
**Joliet, Illinois 60432**

### **\*Acceptable Forms of Valid Identification**

- Illinois Driver's License
- Illinois State Identification Card
- Out-of-State Driver's License or ID Card
- U.S. Military Identification Card
- U.S. Naturalization Certificate
- U.S. Passport

**For Office Use Only:** ID # \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

ID? [ ] YES [ ] NO 2<sup>nd</sup> Signature? [ ] YES [ ] NO

Certificate # \_\_\_\_\_ # of copies \_\_\_\_\_

Processed by: \_\_\_\_\_ Proofed by: \_\_\_\_\_

Date Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Short Form Issued   
Stamped Genealogical Only