



**LAUREN STALEY FERRY**  
WILL COUNTY CLERK

WILLCOUNTYCLERK.GOV

302 N. CHICAGO STREET, JOLIET, IL 60432  
COCLRK@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)*  
\$13.00 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          |

Revised 9/2021

**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