

#### Vital Records Office - First Floor

477 23rd Street, Ogden, UT - 84401

Office Hours: Monday – Friday 8 a.m. to 5 p.m. (801) 399-7130 – www.webermorganhealth.org

\*Applications taken after 4 p.m. will be processed the next business day.

# First certified copy \$30.00\* Each additional certified copy (ordered at the same time) \$10.00\*

\*Fees subject to change. Please review the certificate for accuracy; certificates will only be replaced within 90 days of the issue date.

Death certificate reprint fee of \$3 each will be charged for any death certificate that is reissued within 90 days of original issuance.

If the requestor does not respond to a written notice from Vital Records within 90 days, WMHD may retain all monies paid.

#### **Death Certificate Request Form**

We have records for all of Utah from for the previous 50 years. Additional processing time may apply for years prior to 2007.

Records over 50 years may be available at the Utah State Archives.

First	Middle			Last	
Date of Death:	City of Death: Co		Cou	ounty of Death:	
(if unknown, approximate year)				_	
Date of Birth:	State or Count	ry of Birth:			
Parent 1:	F	Parent 2:			
(Full Birth Name)				(Full Birth Name)	
Full Maiden Name of Spouse, if married:					
Note: Positive identification is required (see reverse).  be ordered by the named individual's surviving spouse Records may be requeste It is a criminal violation to make fall  Individual Making Reques See back of application for list	e, parent, child, siblin ed by the general put se statements on v	g, grandparent, or olic 50 years or molic 50 years or molital records form	grandchild. Core after the does or to fraudo	Otherwise, proof of leate of death.  Jently obtain a rectionship Re	egal need is required. Ford. equired
Name:	•	•			
A dalvago.					
Address:Street Address		City		State	ZIP
Relationship to individual on certificate:	Spouse Pare	ent Child	Sibling	Grandparent	Grandchild
Signature:		Date:			
Signature:  Number of Certified Copies		Date:	If this ord		d, please print the
	s Requested	Date: \$_30.00	If this ord	er is to be maile	d, please print the
Number of Certified Copies	s Requested Certified copy:	\$ <u>30.00</u>	If this ord com	er is to be maile plete mailing ad	d, please print the
Number of Certified Copies  1 Non-Refundable Search-Includes 1 (	s Requested Certified copy: each:	\$ <u>30.00</u> \$	If this ord com	er is to be maile plete mailing ad	d, please print the dress below:
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Number of Certified Copies  1 Non-Refundable Search-Includes 1 C Additional certified copies x \$10.00 e Replacement Certificate Fee x \$3.00  No cash or credit/debit cards by mail.  Make check or money order payable to WMHD	S Requested Certified copy: each: each: Total:  For Office	\$_30.00 \$ \$ \$	If this ord	er is to be maile plete mailing ad	d, please print the dress below:
Number of Certified Copies	For Office Credit/Debit*	\$_30.00 \$ \$ \$ Use Only Request #	If this ord com	er is to be maile plete mailing ad	d, please print the dress below:

### **Acceptable Identification List to Obtain Vital Records**

#### **ID Must Be Current**

Identification is required for all non-public Vital Records. Mailed requests must include an easily identifiable photocopy of the front and back of the identification from the list below.

One form of identification from the "Primary" list is required or two forms of identification from the "Secondary" list.

Primary (Need 1) OR Secondary (Need 2)

- Government Issued Photo Driver License
- Government Issued Photo identification
- Employment Authorization Card
- U.S. Military Identification Card
- Tribal Identification Card
- Permanent Resident Card
- Foreign Visa
- U.S. Passport
- U.S. Passport Card
- Foreign Passport
- U.S. Naturalization Certificate
- U.S. Certificate of Citizenship
- Matricula Consular Card
- Concealed Weapon Permit
- Mexican Voter Registration Card
- Jail/Prison Release Form (with photo)
- Veteran's Health ID Card

- Work Identification, Paycheck Stub, or W-2
- School, University, or College Identification Card
- Voter Registration Card
- Social Security Card
- U.S. Military Separation/DD-214
- Motor Vehicle Registration or Title
- Marriage License (certified copy with signatures)
- Court Order or Court Document
- Jail or Prison Document
- Probation Document
- Property Tax Receipt
- Selective Service Card
- Hunting or Fishing License
- Insurance Card or Document
- Utility Bill
- Business License
- Professional License

We Cannot Accept: Driving Privilege Card or Novelty Identification Card as prohibited by UCA 53-3-207(7)(b)(ii).

If you cannot provide acceptable identification then another person who is entitled to the record may make the request for you and provide their acceptable identification. This includes: Listed Spouse, Parent, Child, Sibling, Grandparent, Grandchild. (this does not include ex-spouse, stepfamily, or in-laws)

## **Proof of Relationship**

I am requesting a Death Certificate for "Person A"

