

CITY OF CHICAGO HEIGHTS
OFFICE OF THE CITY CLERK

1601 Chicago Road, Chicago Heights, IL 60411 / 708 756-5304 / Fax 708 756-5310

Application for DEATH Certificate
For Persons Whose Death Occurred Within the City of Chicago Heights
Valid Driver's License or State ID Required

Full Name of Deceased _____

Date of Death _____ **Number of Copies** _____

Place of Death _____

Intended Use _____ **Date** _____

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person, who has personal or property right interest in the death certificate and am legally entitled to the certificate, as specified by Illinois State Statute:
[Chap. 111-1/2, Sec. 73-25 (4)(d)].

_____	_____	
Print your Name	Your Signature	Date
_____	Self	Parent
Address	Relationship to Person on Document	
_____	()	-
City	Phone No.	

OFFICE USE ONLY

Driver's License/State I D #

Mail to _____

Address _____

FEE: \$ 17.00 \$ 10.00 EACH EXTRA COPY
ACCEPT CERTIFIED CHECK/MONEY ORDER
NO PERSONAL CHECKS