



DATE \_\_\_\_\_

## CITY OF FLORA APPLICATION FOR SEARCH OF DEATH RECORD FILES

<p><b>CERTIFIED</b>  <b>\$14.00 first copy    \$6.00 each additional copy</b></p> <p>Amount enclosed \$ _____ for          _____ total copies</p>
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_____ <b>YOUR RELATIONSHIP TO DECEASED</b>
_____ <b>INTENDED USE OF DOCUMENT</b>

FULL NAME OF DECEASED		FIRST	MIDDLE	LAST (legal name at time of death)			
PLACE OF DEATH	Hospital	City or Town		County	State		
DATE OF DEATH	Month	Day	Year	SEX	RACE	OCCUPATION	SOCIAL SECURITY NUMBER
DATE LAST KNOWN TO BE ALIVE	Month	Day	Year	LAST KNOWN ADDRESS		STATUS (married, divorced, civil union etc.)	
DATE OF BIRTH	Month	Day	Year	BIRTH PLACE (City and State)		NAME OF SPOUSE OR CIVIL UNION PARTNER	
NAME OF FATHER/CO-PARENT OF DECEASED PRIOR TO FIRST MARRIAGE/CIVIL UNION				NAME OF MOTHER/CO-PARENT OF DECEASED PRIOR TO FIRST MARRIAGE/CIVIL UNION			

### INDIVIDUAL REQUESTING COPIES

### MAIL RECORD (S) TO : (If other than applicant)

PRINT NAME \_\_\_\_\_

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

AGENCY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**NOTE:** Death Certificates are confidential records and copies can *only* be issued to persons entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the document.