



OFFICE OF
THE CITY CLERK
LAUREN WILSON

(618) 463-3550 | Fax (618) 463-2890
101 East 3rd St. | Room 104 | Alton, Illinois
CITYOFALTONIL.GOV

APPLICATION FOR DEATH Certificate

The fee for a CERTIFIED COPY of a death record is **\$23.00**. Additional certified copies of the same record ordered at the same time are **\$8.00** each. Please indicate below the number of copies requested and return this form with the proper fee. Payment may be made by check or money order payable to: **City of Alton** or with a debit or credit card online (through the City of Alton webpage at www.cityofaltonil.com).

*****Must enclose a copy of your ID containing your signature.*****

I am requesting _____ certified copies. I am enclosing the fee(s) of \$ _____

FULL NAME ON CERTIFICATE	FIRST	MIDDLE	LAST
--------------------------	-------	--------	------

PLACE OF DEATH	(Street, R.F.D., Hospital)	CITY OR TOWN
----------------	----------------------------	--------------

DATE OF DEATH	MONTH	DAY	YEAR
---------------	-------	-----	------

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

REASON FOR REQUEST _____

Application Made By:

NAME(Typed or Printed)	Your Relationship to Deceased
------------------------	-------------------------------

Signature

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone #	Email Address
---------	---------------