

# DEATH CERTIFICATE REQUEST FORM

CITY OF HIGHLAND PARK  
1707 ST JOHNS AVE  
HIGHLAND PARK, IL 60035

MEDICAL \_\_\_\_\_ CORONERS TEMP \_\_\_\_\_ CORONERS PERM \_\_\_\_\_

Today's Date: \_\_\_\_\_ Rate: **\$12.00 First Copy**  
**\$4.00 Each Additional Copy**  
**\$10.00 Submission Fee\***

\* **ATTENTION FUNERAL DIRECTORS:** The submission fee of \$10.00 will be waived if the initial death record is recorded through the State of Illinois Electronic Death Registration System (EDRS).

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_  
(Month) (Day) (Year)

Number of Copies: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Requested By: \_\_\_\_\_  
(Applicant)

Mail To: \_\_\_\_\_  
(Street Address) (Apt/Suite)  
\_\_\_\_\_  
(City) (State) (Zip)

SIGNATURE: \_\_\_\_\_

Make Checks Payable To: CITY OF HIGHLAND PARK

**CERTIFIED COPIES ARE ACCEPTABLE FOR ALL LEGAL PURPOSES**