

**VERMILION COUNTY HEALTH DEPARTMENT**  
 200 South College, Suite A, Danville, Illinois 61832 217-431-2662  
**APPLICATION FOR SEARCH OF DEATH RECORD FILES**

The Vermilion County Health Department's death record files are from 1983 to present. For search of death record files prior to this date, call the County Clerk's office at 217-554-1902.

The fee for a **certified** copy of the death record is \$16.00 each.

Additional copies of the **same record** ordered **at the same time** are \$6.00 each.

A certified copy is a sealed photographic copy of the **original death certificate** suitable for all legal purposes.

<b>Number of Certified Copies requested:</b> _____ <b>Number of Additional Copies requested:</b> _____ <b>Total Amount Enclosed: \$</b> _____	<b>Make check or money order payable to:</b> <b>Vermilion County Health Department</b> <b>Do not send cash.</b>
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<b>Full Name of Decedent (Required)</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Place of Death (Required)</b>	<b>Hospital</b>	<b>City or Town</b>	<b>County State</b>
<b>Date of Death (Required)</b>	<b>Month Day Year</b>	<b>Sex</b>	<b>Race Occupation Social Security Number</b>
Decedent's Date of Birth	<b>Month Day Year</b>	<b>Birthplace (City and State)</b>	<b>Marital Status Name of Husband or Wife</b>
Full Name of Father of Deceased		Full Maiden Name of Mother of Deceased	

<b>Application made by:</b>
<b>Name (written signature)</b>
<b>Driver's License Number</b>
<b>Street Address</b>
<b>City State Zip</b>

<b>Print Name ( Applicant )</b>
<b>Telephone Number ( Applicant )</b>
<b>Relationship to Decedent ( Required )</b>
<b>Intended Use of Document ( Required )</b>

<b>Mail to: Vermilion County Health Department</b> <b>Attn: Vital Records</b> <b>200 South College, Suite A</b> <b>Danville, IL 61832</b>	<b>Please mail certified copies to the above address.</b> <input type="checkbox"/> <b>I will pick up the certified copies at your agency.</b> <input type="checkbox"/>
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