

FULL NAME of DECEASED:_____

Vital Records Office: Monday - Friday 133 South 500 East Vernal, UT

Roosevelt Office: Monday - Friday 409 South 200 East Roosevelt, UT 8:00 a.m. to 4:30 p.m. (435) 247-1180

8:00 a.m. to 4:30 p.m. (435) 722-6300

DEATH CERTIFICATE REQUEST FORM

Utah death from 1990 to 2006 for DAGGETT, DUCHESNE & UINTAH COUNTY are on file in our office all other counties are not in our office. All Utah deaths from August 2006 to present are on the database (inquire about other years of death.)

WARNING: IT IS A CRIMINAL VIOLATION TO MAKE FALSE STATEMENTS ON VITAL REQUESTS FORMS OR TO FRAUDULENTLY OBTAIN A VITAL RECORDS CERTIFICATE.

DATE OF DEATH: (if unknown, approximate year)			DECEASED DATE OF BIRTH					
PLACE OF DEATH:			DECEASED BIRTH STATE:					
City	С	ounty						
USUAL RESIDENCE OF DECEAS	ED:							
City			County		/	State		
MOTHER'S FULL NAME:								
First			Middle			Last (Maiden Name)		
FATHER'S FULL NAME:			N 41 -1 -11 -			1 4		
First			Middle	9		Last		
NAME OF SPOUSE:First			Middle			Last	· · · · · · · · · · · · · · · · · · ·	
FIISL			Middle			Lasi		
Note: Positive identification is reidentification. Certificates may be								
grandparent or grandchild. Othe	rwise, proof of le	gal need is r	equired. P	OSITIVEL	Y NO EX	SPOUSES ARE	ENTITLED	
(FIRST CERT	IEIED CC	1PV- \$30	00			
FACU						E TIBAE). 644	0.00	
	ADDITIONAL C							
MAKE CHECKS PAYAB	LE TO: TRICO	UNTY HEAI	TH DEP	ARTMEN	T. FEES	S ARE SUBJEC	T TO CHANGE	
INDIVIDITAL	MAKING REC	NIEST DI F	ASE FI	LI OUT	ROTTO	M SECTION		
							-	
RELATIONSHIP to individual on	certificate : Mot	her Father	Sibling	Spouse	Child	Grandparent	Grandchild	
IMMEDIATE FAMILY ONLY: (NO	IN LAWS, STEP-	PARENT/CHI	LD, AUNT	S, UNCLES	S, ARE I	NOT ENTITLED	<u>TO</u>	
<u>CERTIFICATE)</u>								
Name:	D				aytime phone number:			
Mailing Address:		City:			_ State:	Zip	D:	
Reason for requesting certificate:								
Signature:				Date:				
			Number of Certified Copies Requested					
Drivers Lic #			Nullibei	Number of Gertified Copies Requested				
				1_	Cer	tified Copy:	\$30.00	
PAID: CASH CHECK CREDIT	Γ CARD				Addi	tional Copy:	\$10. 00	
PAID: CASH CHECK CREDI	CARD							

UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS

Acceptable Identification List to Obtain Certified Documents

Identification is required for the purpose of a Utah Birth or Death Certificate. Mailed requests must include an enlarged and easily identifiable photocopy of the back and front of your identification from the list below.

If no identification is enclosed, your application will be returned. (All identification MUST be current.)

PRIMARY

SECONDARY

At least one of the following:

Photo Driver's License

Photo ID Card

School, University or College ID Card

Employment Card US Military ID Card

Tribal ID Card

Alien Registration Card/Permanent

Resident Card

Temporary Resident Card

US Passport

Foreign Passport

US Certification of Naturalization

Certificate of US Citizenship

US Citizenship ID Card

Metricula Consular Card

Concealed Firearm Permit (current)

Mexican Voter Registration Card

Or at least two of the following:

Work Identification or Paycheck/W-2

Voter Registration Card

Social Security Card

US Military Separation/DD-214

Motor Vehicle Registration/Title

Probation Documents

Marriage License

Divorce Decree

Property Tax Receipt

Veterans Universal Access ID Card

Pilot License

Hunting/Fishing License (not expired) current

Court Order or Adoption or Name Change

Court Orders/Court Papers

Utility Bill

Jail/Prison ID or Release form (with picture)

WE CANNOT ACCEPT:

Novelty ID Card Driving Privilege Card

If you cannot provide acceptable identification, ask a spouse, parent, grandparent, sibling or adult child who can provide appropriate identification to request the certificate. Proof of relationship may also be required, such as a birth, death or marriage certificate.