

UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS  
**UTAH COUNTY HEALTH DEPARTMENT**  
REQUEST FOR CERTIFIED COPY OF A DEATH CERTIFICATE  
Hours: Monday - Friday 8:00 AM to 4:30 PM 801-851-7005

**INFORMATION**

Certificates for deaths that occurred in Utah County since 1905 are on file in this office.

**INSTRUCTIONS**

1. A request form must be completed for each death certificate requested
2. There is a fee of \$16.00 for each search of our files. Additional certified copies of this record requested at the same time are \$8.00 each.
3. Send the completed request form, photocopy of your current ID, and required fee to:  
**Utah County Health Department Vital Records • 151 South University Ave. • Suite 1100 • Provo, Utah 84601.**
4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.

**IDENTIFYING INFORMATION**

FULL NAME OF DECEASED \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_ (if not known, specify years to be searched) \_\_\_\_\_  
PLACE OF DEATH (City) \_\_\_\_\_ (County) \_\_\_\_\_  
BIRTHPLACE OF DECEDENT (State or County) \_\_\_\_\_ DATE OF BIRTH OF DECEDENT \_\_\_\_\_  
USUAL RESIDENCE OF DECEDENT (City & State) \_\_\_\_\_  
FULL NAME OF FATHER \_\_\_\_\_  
FULL MAIDEN NAME OF MOTHER \_\_\_\_\_  
IF DECEASED WAS MARRIED, NAME OF SPOUSE \_\_\_\_\_

**REQUESTOR**

RELATIONSHIP: **I am:** (Please circle one) Mother    Father    Sibling    Spouse    Child    Grandparent    Grandchild  
Other (Specify) \_\_\_\_\_

If other, reason for requesting certificate: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Address \_\_\_\_\_  
(City, State & Zip)

**NUMBER OF CERTIFIED COPIES REQUESTED**

|   |                   |   |
|---|-------------------|---|
| _____ Regular Certificate                       | \$ <u>16.00</u> + | (If this order is to be mailed, please <b>PRINT</b> the name and mailing address below) |
| _____ Additional Certified Copies (\$8.00 each) | \$ _____ +        | _____   |
| <b>TOTAL FEE</b>                                | <b>\$ _____</b>   | _____   |

\*\*\*\*\*  
**For OFFICE USE only** (do not write below this line.)  
**PAID:** CHECK    CASH    MONEY ORDER    VISA/MC

**Certified Paper #** \_\_\_\_\_

**Request #** \_\_\_\_\_  
Revised 5/09

**Clerks Initials** \_\_\_\_\_