

STEPHENSON COUNTY REQUEST FOR DEATH RECORD

One copy is \$20.00
Each additional \$7.00
Genealogical non-certified copy is \$10.00 (*Records 20 years or older*)
Please NOTE: If record is not found a \$10.00 Search Fee will be charged

FOR OFFICE USE ONLY

REG. NO. _____

SEARCHER'S INITIALS _____

NO PERSONAL CHECKS

CASHIER'S CHECK OR MONEY ORDER PAYABLE TO:

Stephenson County Clerk
50 W. Douglas St. ~ Ste. 500
Freeport, IL 61032

Number of Copies Requested _____

PLEASE PRINT INFORMATION as it appears on the Death Certificate:

Full Name of Deceased: _____
First Middle Last

Date of Death: _____ Place of Death: _____

I, the undersigned, do hereby certify that I am legally entitled to this death record, as the relative or legal representative of the person, according to 410ILCS535/25(4)(d).

PRINT NAME _____ Signature _____

Street Address _____ City _____ State _____ Zip _____

Relation to Person Named _____ Telephone Number _____

Email Address _____