



**Charles L. Redpath Sr.**  
Office of the City Clerk  
Vital Records  
300 S. 7<sup>th</sup> St. Room 106  
Springfield, IL. 62701-1688  
Phone: 217-789-2216 Fax: 217-789-2144

**PAYMENT METHOD:**  
CASH  
MONEY ORDER  
CASHIER'S CHECK  
CREDIT CARD  
AGENCY

**APPLICATION FOR SEARCH OF DEATH RECORDS**  
SANGAMON COUNTY RECORDS ONLY -JANUARY 1999-PRESENT  
MUST PROVIDE PHOTO IDENTIFICATION

**Deceased Full Name:** \_\_\_\_\_  
First Middle Last

**Place of Death:** \_\_\_\_\_  
City Hospital

**Date of Death:** \_\_\_\_\_  
Month Day Year

**Your Name:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street City/State/Zip Code Phone Number

**Relationship to person names above:** \_\_\_\_\_

**Copies:** \_\_\_\_\_ **Identification Type:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like your record mailed, please send a copy of your photo identification with your completed application for death record. Please provide the address if different from above:

**Address:** \_\_\_\_\_  
Street City State Zip Code

**DEATH CERTIFICATE FEE:**  
\$17.00 FOR THE FIRST COPY - \$7.00 FOR EACH ADDITIONAL COPY PER VISIT

**ACCEPTED FORMS OF PAYMENT:**  
CASH, MONEY ORDER, CASHIER'S CHECK, CREDIT CARD  
PAYABLE TO: CITY OF SPRINGFIELD