ISGS DEATH CERTIFICATE REQUEST
******* (1916 - 1947 ONLY) ********

Print and use this form to request death certificate copies (1916 - 1947 only) via postal mail. You may send in as many requests at the same time as you wish. **Cost for each death certificate requested is: $ 6.00 for ISGS Members and $ 10.00 for non-members.** Mail requests and your check (made out to Illinois State Genealogy Society) to: **ISGS, P.O. Box 10195, Springfield, IL 62791-0195.** Be sure to include your name and address (for the return of your certificates) on the bottom portion of each form. *(Instructions: search for and find the death certificate you wish to obtain by going to the "Illinois State Archives Death Certificate Index" at the following Internet address:*http://www.ilsos.net/departments/archives/genealogy/forms/idphdeathsrch.html

Copy the information extracted exactly as it appears on your computer screen and then transfer the information to the form below. Certificate requests will be completed on a "first come - first served" basis.

LAST NAME: _____   **FIRST NAME:** _____

MIDDLE NAME: _____   **SEX/RACE:** _____   **AGE:** _____

CERT. # _____   **DEATH DATE (MM/DD/YYYY)** _____

COUNTY: _____   **CITY:** _____

DATE FILED: _____

LAST NAME: _____   **FIRST NAME:** _____

MIDDLE NAME: _____   **SEX/RACE:** _____   **AGE:** _____

CERT. # _____   **DEATH DATE (MM/DD/YYYY)** _____

COUNTY: _____   **CITY:** _____

DATE FILED: _____

LAST NAME: _____   **FIRST NAME:** _____

MIDDLE NAME: _____   **SEX/RACE:** _____   **AGE:** _____

CERT. # _____   **DEATH DATE (MM/DD/YYYY)** _____

COUNTY: _____   **CITY:** _____

DATE FILED: _____

 # Of Requests included in this mailing: _____   **Payment Amount submitted:** _____

Your Name: _____

Mailing Address: _____

City, state, zip: _____