



Funeral home order for certified copies of death record

"Helping You Serve Families Better"

County where death occurred: _____ I.D. tag number: _____

Decedent's name: _____

Date of death: _____ (must be within two years of date of death)

Certified copies:

Quantity

_____ Short/fact of death (used for property transfer, termination of accounts, landlords, and other legal needs unrelated to cause of death)

_____ Long with cause of death (used for insurance and other benefit claims related to cause of death)

_____ Veteran's copy I have confirmed there is an application pending that requires a certified copy of the death record. _____ (initials)

Send to county veterans services

Name: _____

Address: _____

Send to national service officer

Name: _____

Address: _____

Relationship to decedent: Funeral home on record

Reason for needing record: Legal needs of informant/family

Funeral home name: _____

Address: _____

Telephone: _____

Will pick up

Person receiving (signature)

Date

Mail certified copies to funeral home

informant/family (name and address below)

Name: _____

Address: _____

Date county mailed _____