STEPHENSON COUNTY
REQUEST FOR DEATH RECORD

for office use only

REG. NO. _____

SEARCHER'S INITIALS _____

One copy is $18.00
Each additional $5.00
NO PERSONAL CHECKS
Cash, Cashiers Check or Money Order Payable to:
Stephenson County Clerk
50 W Douglas Street ~ Suite 500
Freeport, IL 61032

Please NOTE: Non-refundable $10.00 Search Fee for all requests

Number of copies requested _____

PLEASE PRINT INFORMATION

FULL NAME OF DECEASED _____
First name *Middle Name* *Last Name*

DATE OF DEATH _____

I, the undersigned, do hereby certify that as the person whose record is sought, having a genealogical, personal or property right interest in the record, am legally entitled to this death record, according to 410 ILCS 535/25(4)(b)

_____ _____
Print your name *Signature*

_____ _____
Street Address *Relationship to Deceased*

_____ ( )_____
City, State, Zip *Telephone Number*

PLEASE CHECK THE APPROPRIATE LINE

___ PERSONAL INTEREST

___ PROPERTY RIGHT INTEREST

___ GENEALOGICAL INTEREST

___ PERSON ENTITLED TO DEATH RECORD WILL PICKUP

___ MAIL DEATH RECORD TO PERSON ENTITLED AT THE FOLLOWING ADDRESS

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____