# MONTANA OFFICE OF VITAL RECORDS 111 N SANDERS RM 6 / PO BOX 4210 HELENA, MONTANA 59604-4210

Phone: 406-444-2685

### PLEASE READ THESE INSTRUCTIONS CAREFULLY

#### WHO CAN ORDER A DEATH CERTIFICATE?

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

## IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

### **Suggested Identification**

| Picture ID with a Signature | OR Two Forms of ID - One MUST have a Signature |                                           | OR                                                                                                                                                                                                                       |
|-----------------------------|------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Driver's License            | Social Security Card                           | <ul> <li>Credit/Debit/ATM Card</li> </ul> | Notarized Montana Office of Vital Statistics                                                                                                                                                                             |
| State ID Card               | Work ID Card                                   | <ul> <li>School ID Card</li> </ul>        | Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)  • Have an authorized family member that has an ID order the certificate |
| Passport                    | Car registration/Insurance                     | Library Card                              |                                                                                                                                                                                                                          |
| Military ID Card            | Doctor/Medical record                          | Insurance Record                          |                                                                                                                                                                                                                          |
| Tribal                      | Fishing License                                | <ul> <li>Pay Stub</li> </ul>              |                                                                                                                                                                                                                          |
|                             | US Military DD 214                             | <ul> <li>Traffic/ Pawn ticket</li> </ul>  |                                                                                                                                                                                                                          |
|                             | Utility Bill with a current address            | <ul> <li>Court record</li> </ul>          |                                                                                                                                                                                                                          |
|                             | Voter Registration Card                        | Year Book                                 |                                                                                                                                                                                                                          |

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies **of both sides** of the ID when mailing your request

IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

## FEE (All fees must be U.S. funds)

- CERTIFIED COPIES OF A DEATH CERTIFICATE: Effective July 1, 2020 cost \$16.00 each (non-refundable)
- INFORMATIONAL COPIES OF A DEATH CERTIFICATE the cost is \$14.00. (non-refundable)
- CERTIFIED COPIES OF DOCUMENTS on file with the state (i.e., correction affidavits), the cost is \$12.00. (non-refundable)

#### Please Make CHECKS Payable To: MONTANA VITAL RECORDS

| Please complete the following information.                            |                                   |                    |                                                                     |  |  |
|-----------------------------------------------------------------------|-----------------------------------|--------------------|---------------------------------------------------------------------|--|--|
| Decedent's Name:                                                      |                                   |                    |                                                                     |  |  |
| Date of Death (We need a date to begin searching if date is unknown): |                                   |                    | Date of Birth:                                                      |  |  |
| Place of Death:Place of Birth:                                        |                                   | Gender of Decedent |                                                                     |  |  |
| Parents Names:                                                        |                                   |                    |                                                                     |  |  |
| Occupation:                                                           | Spouse's Name:                    |                    |                                                                     |  |  |
| Reason record is needed                                               |                                   |                    |                                                                     |  |  |
| Relationship:                                                         | Number of Copies                  |                    | _Type of record needed? $\square$ Certified $\square$ Not Certified |  |  |
| Mailing or Delivery Address:                                          |                                   |                    |                                                                     |  |  |
| Name:                                                                 |                                   |                    |                                                                     |  |  |
| Address:                                                              | lress: City, State, Zip:          |                    |                                                                     |  |  |
| Daytime Telephone Number:                                             | Signature of Applicant:           |                    |                                                                     |  |  |
| Email Address:                                                        |                                   |                    |                                                                     |  |  |
| Notary (For use if needed) Verific                                    | ation of Signer's ID Is Mandatory |                    |                                                                     |  |  |
| State of                                                              | •                                 |                    | Official Use Only                                                   |  |  |
| County of                                                             |                                   |                    | Date                                                                |  |  |
| This record was signed and sworn to (or                               | affirmed) before me on            | by                 | Rec#                                                                |  |  |
|                                                                       | (Date)                            |                    | Amount                                                              |  |  |
| (Name of Applicant)                                                   |                                   |                    | Cert #                                                              |  |  |
|                                                                       |                                   |                    | Ser #                                                               |  |  |
| _ (Notary's Signature)                                                | [Official Stamp]                  |                    | Comment                                                             |  |  |