

Frank J. Lesko Office of the City Clerk Vital Records 300 S. 7th St. Room 106

Springfield, IL 62701-1688 Phone: 217-789-2216 Fax: 217-789-2144 PAYMENT METHODS:
\* Money Order/Cashiers Check\*

Online Credit Card Payments (Do NOT mail in credit Card Information)

## APPLICATION FOR SEARCH OF DEATH RECORD

SANGAMON COUNTY RECORDS ONLY - RECORDS AVAILABLE JANUARY 1999-PRESENT

Deceased's Full Name :				
run Name	First	Middle	Last	
Date of Death:				
	Month	Day	Year	
Place of Death:_				·
	City	State		
	*To Avoid	Delay, Please Bring Phot	o Identification With You.*	
Your Name:				
Address	First	Middle	Last	
	Street	City State/Zip	Phone Number	
Relationship to De	eceased:			
Intended Use		Copies	Identification:	
Signature			Date	
			Drivers License or other State Issued fferent from Above, as well as a phone	
Address				
Street		City	State/Zin	Phone Number

FEE: FIRST COPY - \$17.00 ADDITIONAL COPIES - \$7.00 EACH WHEN PURCHASED AT THE SAME TIME

## CASHIER'S CHECK OR MONEY ORDER PAYABLE TO: CITY OF SPRINGFIELD

Applications in person are accepted with payment form of cash, money order/cashier's check and/or credit card (Master Card, Visa, Discover or American Express). No credit card information can be accepted with mail-in application. No personal checks accepted.