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 1985-PRESENT

Deceased's
Full Name :_____
First Middle Last

Date of Death:_____
Month Day Year

Place of Death:_____
City State

To Avoid Delay, Please Bring Photo Identification With You.

Your Name: _____
First Middle Last

Address_____
Street City State/Zip Phone Number

Relationship to Deceased:_____

Intended Use_____ Copies _____ Identification: _____

Signature_____ Date _____

If You Would Like Your Records Mailed, Please Send a Copy of Your Drivers License or other State Issued Identification with Your Completed Application for Death Record. Please Provide the Address, if Different from Above, as well as a phone number where you can be contacted:

Address_____
Street City State/Zip Phone Number

FEE: FIRST COPY - $17.00 ADDITIONAL COPIES $7.00 EACH

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.