

Brian "Petie" Ruch, MMC
City Clerk

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CITY of BEARDSTOWN
Member of the Illinois Municipal League

CITY HALL
105 West 3rd Street
Beardstown, Illinois 62618



APPLICATION FOR SEARCH OF DEATH RECORD FILES

<p>Certified Copy \$9.00 Each Additional Copies \$6.00 Each</p> <p>Amount enclosed \$ _____</p> <p>for _____ copies</p>

(DO NOT SEND CASH) Make check or money order payable to City of Beardstown

FULL NAME OF DECEASED		First	Middle	Last (legal name at time of death)			
PLACE OF DEATH	Hospital	City	County	State			
DATE OF DEATH	Month	Day	Year	Sex	Race	Occupation	Social Security Number
DATE LAST KNOWN TO BE ALIVE	Month	Day	Year	Last Known Address			Status (married, divorced, civil union)
DATE OF BIRTH	Month	Day	Year	Birth Place (City and State)			Name of Spouse
Name of Father				Name of Mother			

APPLICATION MADE BY

MAIL COPY TO

NAME (written Signature)

NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

YOUR RELATIONSHIP TO PERSON

INTENDED USE OF DOCUMENT

MAIL TO: City of Beardstown 105 W 3 rd Street P.O. Box 467 Beardstown, IL 62618
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