

LAURENS COUNTY HEALTH DEPARTMENT

Cash _____

Credit _____

DEATH CERTIFICATE REQUEST SEARCH FORM

Drivers / ID Number _____ **Exp Date** _____

\$25.00 For First Copy and \$5.00 For Each Additional Copy of The Same Certificate Search at The Same Time

PHOTO IDENTIFICATION IS REQUIRED

REQUESTOR INFORMATION Person applying for the Death Certificate

Requestor: _____
First Name Middle Name Last Name

Requestor: _____
Address City State Zip

Requestor: _____
Phone Number

Relationship to registrant: _____

REGISTRANT INFORMATION Person you are requesting Death Certificate on

Full Name of Registrant: _____
First Name Middle Name Last Name

Date of Death: _____ **County of Death:** _____

Number of Copies: _____

Mother's Name: _____ **Maiden Name:** _____

Father's Name: _____

A fine of not more than \$10,000.00 or imprisonment of not more than five years, or both, shall be imposed on any person who willfully and knowingly makes any false statement in an application for a vital record.

SIGNATURE: _____ **DATE:** _____