Jefferson County Clerk and Recorder

County Application

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 • State ID Card • Passport • Military ID Card • Tribal	• Social Security Card • Work ID Card • Car registration/Insurance • Doctor/Medical record • Fishing License • US Military DD 214 • Utility Bill with a current address • Voter Registration Card	• Credit/Debit/ATM Card • School ID Card • Library Card • Insurance Record • Pay Stub • Traffic/ Pawn ticket • Court record • Year Book	• Notarized Montana Office of Vital Statistics 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

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** cost $7.00 for each certified death certificate. **(non-refundable)**

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: _____

Parents Names: _____

Occupation: _____ Spouse's Name: _____

Number of Copies _____ Type of record needed? Certified _____ Not Certified _____

Reason record is needed _____

Mailing or Delivery Address:

Name: _____

Address: _____ City, State, Zip: _____

Daytime Telephone Number: _____ Signature of Applicant: _____

Notary (For use if needed) **Verification of Signer's ID Is Mandatory**

State of _____
County of _____

This record was signed and sworn to (or affirmed) before me on _____
by

(Date)

_____
(Name of Signer)

_____
(Notary's Signature)

[Official Stamp]

Official Use Only

Date _____

Rec# _____

Amount _____

Cert # _____

Ser # _____

Comment _____

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT, OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114(C), MCA)