

**UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS APPLICATION FOR A CERTIFIED COPY OF A DEATH  
CERTIFICATE**

Certificates for deaths that occurred in Utah since 1990 are on file in this office.

**WARNING:** It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a death certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah code, Sections 26-23-5.5 and 26-23-6.

**INSTRUCTIONS**

1. An application must be completed for each decedent.
2. There is a fee of \$16.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed application and required fee to TriCounty Health Department, 133 South 500 East, Vernal, Utah, 84078, (435) 247-1177.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.

**IDENTIFYING INFORMATION**

FULL NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ (IF NOT KNOWN, SPECIFY YEARS TO BE SEARCHED) \_\_\_\_\_

PLACE OF DEATH (CITY) \_\_\_\_\_ (COUNTY) \_\_\_\_\_

BIRTHPLACE OF DECEDENT (STATE ) \_\_\_\_\_ DATE OF BIRTH OF DECEDENT \_\_\_\_\_

USUAL RESIDENCE OF DECEDENT (CITY & STATE) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL NAME OF MOTHER \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

IF DECEASED WAS MARRIED, NAME OF SPOUSE \_\_\_\_\_

**APPLICANT**

RELATIONSHIP: **I AM:** (PLEASE CIRCLE ONE): MOTHER FATHER SIBLING SPOUSE CHILD GRANDPARENT/CHILD  
OTHER (SPECIFY) \_\_\_\_\_

IF OTHER, REASON FOR REQUESTING CERTIFICATE: \_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_  
(CITY, STATE & ZIP)

**NUMBER OF CERTIFIED COPIES REQUESTED**

(if this order is to be mailed, please PRINT the name and The mailing address below)

\_\_\_\_\_ 1<sup>st</sup> Certified Copy \$ \_\_\_\_\_ 16.00 \_\_\_\_\_

\_\_\_\_\_ Additional Copy (\$8.00 each) \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFUCE USE ONLY (DO NOT WRITE BELOW)**

**PAID:** CHECK CASH MONEY ORDER CREDIT/DEBIT CARD

CLERKS INITIALS \_\_\_\_\_