

**BLAINE COUNTY CLERK & RECORDER**  
**BOX 278, CHINOOK, MT 59523**  
**406-357-3240**  
**REQUEST FOR A DEATH CERTIFICATE**  
**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**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**

- \*Driver's License
- \*State ID Card
- \*Passport
- \*Military ID Card
- \*Tribal

**OR Two forms of ID – One MUST have a signature**

- \*Social Security Card
- \*Work ID Card
- \*Car registration/Insurance
- \*Doctor/Medical record
- \*Fishing License
- \*US Military DD214
- \*Utility Bill with 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

**OR**

- \*Notarized MT Office of Vital Statistics Statement to Identify certified Birth or Death 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 acceptable identification is **NOT** enclosed, or in lieu of identification your application is not notarized, 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:** \$3.00 for each certified death certificate.

**INFORMATIONAL COPIES OF DEATH CERTIFICATE:** \$0.50 per copy in person, and \$1.00 minimum for mailing.

**PLEASE COMPLETE THE FOLLOWING INFORMATION.**

Decedent's Name: \_\_\_\_\_

Date of Death (We need a date to begin searching if date is unknown): \_\_\_\_\_

Place of Death: \_\_\_\_\_

Number of copies: \_\_\_\_\_ Type of record needed? \_\_\_\_\_ certified \_\_\_\_\_ informational

Your relationship to the certificate holder: \_\_\_\_\_ (mother, father, etc.)

Reason the Death Certificate is needed: \_\_\_\_\_

**Mailing or Delivery Address:**

Name: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**NOTARY**

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_ My commission expires \_\_\_\_\_

**NOTICE:** State law provides penalties for persons who willingly 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)