**BLAINE COUNTY**
**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 their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized. **ALL REQUESTS MUST BE NOTARIZED.**

**SUGGESTED IDENTIFICATION**

| Picture ID with a signature | OR Two forms of ID – One MUST have a signature | | OR |
|---|---|---|---|
| *Driver's License | *Social Security Card | *Credit/Debit/ATM Card | *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) |
| *State ID Card | *Work ID Card | *School ID Card | *Have an authorized family member that has an ID order the certificate |
| *Passport | *Car registration/Insurance | *Library Card | |
| *Military ID Card | *Doctor/Medical record | *Insurance Record | |
| *Tribal | *Fishing License | *Pay Stub | |
| | *US Military DD214 | *Traffic/Pawn ticket | |
| | *Utility Bill with current address | *Court record | |
| | *Voter Registration Card | *Year Book | |

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 each**
**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)**