

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 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

- *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: \$15.00 for first copy, \$6.00 for each additional copy of the same record.

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)