County Clerk and Recorder Application 316 N Park Ave, Rm #113, Helena, MT 59623

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	Social Security Card	 Credit/Debit/ATM Card 	Notarized Montana Office of Vital Statistics
State ID Card	Work ID Card	 School ID Card 	Statement to Identify certified Birth or Death
Passport	Car registration/Insurance	Library Card	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
Military ID Card	Doctor/Medical record	 Insurance Record 	
Tribal	Fishing License	 Pay Stub 	
	US Military DD 214	 Traffic/ Pawn ticket 	
	Utility Bill with a 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

<u>IMPORTANT:</u> If the identification requirement is <u>NOT</u> 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:			
	City, State, Zip:		
Daytime Telephone Number: Signature of Application	ant:		
Notary (For use if needed) Verification of Signer's ID Is Mandatory			
State of	Official Use Only		
County of	Date		
This record was signed and sworn to (or affirmed) before me on	Rec#		
by			
(Date)	Amount		
(Name of Signer)	Cert #		
(Ser #		
OI () (C' () ()	Comment		
(Notary's Signature) [Official Stamp]			

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)