



Death Certificate Form

\$14.00 FOR ONE COPY, \$8.00 FOR EACH ADDITIONAL

**DAN HENDRICKSON, County Clerk
KANKAKEE COUNTY CLERK-VITAL STATISTICS
189 EAST COURT ST., KANKAKEE, ILLINOIS 60901**

Before Filling Out Application Be Certain DEATH Occurred in Kankakee County

PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID TO THIS REQUEST

NUMBER OF COPIES: _____

Full Name: First: _____ Middle: _____

Last: _____

Date of Death: _____

Place of Death: City: _____

Town/Village: _____

I, the undersigned, do hereby certify that I am a person, or a duly authorized agent of a person, who has a personal or property right interest in the death certificate, and am legally entitled to the certificate, as specified by Illinois Compiled Statutes 410ILCS 535/25.

Print Your Name: _____

Your Signature: _____

Address: _____ City: _____

Phone: _____

State: _____ Zip Code: _____

Your Relationship to Person Named on Document:

Indicate the Purpose for Obtaining Document:

PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID TO THIS REQUEST

Mail to:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

DAN HENDRICKSON, Kankakee County Clerk

