MONTANA OFFICE OF VITAL RECORDS 111 N SANDERS RM 6 / PO BOX 4210 HELENA, MONTANA 59604-4210 Phone: 406-444-2685

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 	• Have an authorized family member that has
State ID Card	Work ID Card	 School ID Card 	an ID order the certificate
Passport	 Car registration/Insurance 	 Insurance Record 	
Military ID Card	 Doctor/Medical record 	Pay Stub	
Tribal	 Fishing License 	 Traffic/ Pawn ticket 	
	 US Military DD 214 	Court record	
	 Utility Bill with a current address 		
	 Voter Registration Card 		

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 the identification requirement is NOT 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: Effective July 1, 2021 the cost is \$16.00 each (non-refundable)
- INFORMATIONAL COPIES OF A DEATH CERTIFICATE the cost is \$14.00. (non-refundable)

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• CERTIFIED COPIES OF DOCUMENTS on file with the state (i.e., correction affidavits), the cost is \$12.00. (non-refundable)

Please Make CHECKS Payable To: MONTANA VITAL RECORDS

r lease complete the following informat			
Decedent's Name:			
Date of Death (We need a date to beg	gin searching if date is unknown):	Date of Birth:	
Place of Death:	Place of Birth:	Sex of Decedent	
Parents Names:			
Occupation:	Spouse's Name:		
Reason record is needed			
Relationship:	Number of Copies	Type of record needed? \Box Certified \Box Not Certifie	
Mailing or Delivery Address:			
Name:			
		Zip:	
Daytime Telephone Number:	Signatur	re of Applicant:	
Email Address:			
Notary (For use if needed) Ve	rification of Signer's ID Is Mandatory		
State of		Official Use Only	
County of		Date	
This record was signed and sworn to	o (or affirmed) before me on(Date)		
		Amount	
		Cort #	
(Name of Applicant)		Cert #	
(Name of Applicant) (Notary's Signature)	[Official Stamp]	Ser # Comment	

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)