



CITY OF PERU
 1901 4TH STREET, PERU, IL 61354
 815-223-0061 www.peru.il.us



DEATH CERTIFICATE APPLICATION

Date of Request: _____

\$20.00 for 1st Copy, \$10.00 for each additional copy within same request.

Name of Decedent: _____

Date of Death: _____

Number of Copies Requested: _____

Applicant Name: _____

Applicant Address _____

City: _____ State: _____ Zip Code _____ Applicant Phone Number: _____

NOTE: Death Certificates are confidential reports and copies can only be issued to a person entitled to receive them.

Indicate your relationship to the person whose record you have requested:

- | | | |
|--|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Descendant | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Attorney of person on record | <input type="checkbox"/> None of the Above (short form issued) |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Genealogist ID # _____ | |

By my signature below, I swear/affirm that the information above is true and correct.

Applicant : _____ Date: _____

Below line is for Clerk's use only.

Applicant must provide one of these:

- Driver's License Government issued picture I.D Passport

OR two of these:

- | | |
|--|--|
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Department of Corrections I.D. card |
| <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Disability award from Social Security |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> Lease/Rental Agreement |
| <input type="checkbox"/> W-2 | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Pay stub | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | |

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership.
- Attorneys must provide a signed, notarized release from the family.
- Genealogists must provide a state-issued card.
- Funeral Home must be provider of death certificate.

Complete Form IN FULL, Sign, Include Copy of Identification & Proper Fee & mail to:
 City of Peru, Attn: Vital Records 1901 4th Street, Peru, IL 61354