

Application for Certified Copy of a Kentucky Death Certificate

Please fax completed form to **866-283-7477**.

Certificate Information

Full Name at Death: _____
(First) (Middle) (Last – Maiden if female)

Spouse's Name (optional): _____
(First) (Middle) (Last)

***Date of Death:** ____ / ____ / ____ **Gender:** Male Female ***County/City of Death:** _____
*Certificates are available from 1911 to present

Reason for Request: _____ ***Number of Copies:** _____ (First copy - \$6)
 (Add'l copies - \$6)
 *Limit 5 copies per order

Funeral Home (if known): _____

Name of Hospital/Facility (if any): _____

Attending Physician's Name (if known) _____
(First) (Middle) (Last)

Applicant Information

Your Relationship to the Decedent: Spouse Mother Father Other (Specify): _____

Ship To Name: _____
(First) (Middle) (Last)

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Email Address:** _____

Shipping Method (select one): ***UPS Next Day Air (\$17.50)** Delivered in approximately 3-5 business days **Regular Mail (\$0.00)** Delivered in approximately 7-10 business days

Billing Information

<u>Order Fees</u>	
First Copy	\$ 6.00
Add'l Copies (\$6 ea.) <small>*Limit 5 copies per order</small>	\$ _____
VitalChek Processing Fee	\$ 10.50
Shipping Fee	\$ _____
Order Total	\$ _____

***Card Number:** _____ **Exp. Date:** ____ / ____
*Type of credit cards accepted: Visa / MasterCard / American Express / Discover

Name on Credit Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____