

# 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	\$ _____
<b>Order Total</b>	<b>\$ _____</b>

**\*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:** \_\_\_\_\_