**OKLAHOMA DEATH CERTIFICATE REQUEST FORM**

**SECTION 1 (required)**

**SECTION 2 (optional)**

**STEP 1 - In order to accept this form, please read the following requirements:**

- Section 1 must be completed in full. Section 2 is optional but may provide additional information to locate the record.
- Enclose a copy of a current legal photo I.D. of the applicant (see back for a list of acceptable I.D.s).
- If mailing, enclose all the appropriate fees and include a self-addressed stamped envelope (see back for mailing address).

**First Name of Deceased**

**Middle Name of Deceased**

**Last Name of Deceased**

**Date of Death (mm/dd/yy)**

**Place of Death - City and/or County**

**This request is being made by:**

- Family, specify
- Legal Rep. of the Estate
- Funeral Director
- Court Order or other:____________________

- Yes

**Social Security Number of Deceased**

- Male
- Female

**Spouse Name**

**Date of Birth (mm/dd/yy)**

**Birth City and/or County**

**State**

**Father’s Name**

**Mother’s Name**

**Funeral Home Name & Address**

**STEP 2 - Complete the Order Information below:**

<table>
<thead>
<tr>
<th>QTY</th>
<th>PRICE</th>
<th>SUB-TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15</td>
<td>$35</td>
</tr>
</tbody>
</table>

**ITEM DESCRIPTION**

- Number of certified copies requested ($15 each and includes search fee)
- Amendment Fee (required to amend non-medical certification items. Includes 1 certified copy)

**TOTAL AMOUNT ENCLOSED**

**DO NOT SEND CASH BY MAIL - Make checks payable to OSDH**

**STEP 3 - Final Check & Sign**

- Check to see if you have filled out all of the information fields and you have followed all instructions in Step 1.
- By signing below, you declare that all information provided on this request is true and correct:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

**Mail**

Reviewed By: __________________  Date: ______/____/____

Fees Enclosed: $________________ Fees Due: $____________

ID Enclosed: __________________

**OFFICE USE ONLY**

Clerk: __________________  Date: ______/____/____

Fees Paid: $________________  Check  Cash  MO  CC
DEATH CERTIFICATE REQUEST INSTRUCTION SHEET

ELIGIBILITY

By state law, with limited exception (see OPEN RECORDS below), death records filed with this office are not open for public inspection. The person requesting the certificate must be acting in the decedent’s best interest:

- A surviving spouse, parent, child, grandparent, sibling, ex-spouse or legal guardian;
- Legal representative of the estate of the deceased as documented by an order from a court of competent jurisdiction;
- An individual who can establish a familial relationship with the deceased demonstrated through certified copies of birth, death and/or marriage certificates;
- Law enforcement or government officials in the capacity of official governmental business;
- Funeral director of record or agent thereto, working in the capacity of their official business;
- Person with a court order from a court of competent jurisdiction;
- A person who was a co-owner or a joint tenant on real or personal property of the decedent; or
- A person listed in a will of the decedent, provided the will is in probate;

By signing the request, you are indicating that you are working in the best interest of the subject of record. Documentation will be required to demonstrate the applicant’s eligibility.

For a complete list of eligibility requirements, go to: http://www.ok.gov/health/Birth_and_Death_Certificates/Birth_Certificate_Eligibility/index.html

ACCEPTABLE PHOTO IDENTIFICATION (ID)

A photcopy of a valid government issued photo ID by either the applicant or an individual attesting for the applicant is required.

Note: Send a photocopy. Do not send your original ID. Photocopies must be legible and cannot be expired.

- U.S. Issued Driver's license or Identification card
- U.S. Passport containing the bearer’s signature
- Foreign Issued Passport with Visa (I-94)
- Government issued Military photo ID
- Tribal Photo ID Card containing the bearer’s signature
- Ok Self-Defense Act (SDA) License or Concealed Carry permit
- Resident Alien Card (Form I-551)
- Employment Authorization Card (Form I-766)
- Employment Authorization Card (Form I-688A)
- Temporary Resident Card (Form I-688)
- Oklahoma Dept of Corrections Consolidated Record Card (CRC)

In cases when a primary ID is not available, records may be requested with two secondary identifications; however the record will only be mailed to the applicant at the current address demonstrated on the identification.

For a complete list, go to http://www.ok.gov/health/Birth_and_Death_Certificates/Acceptable_Identification/index.html

REQUIRED INFORMATION FOR A RECORD SEARCH

Certain information is required in order for to us to be able to process your request in an expedient manner and to prevent unnecessary delays. Incorrect information will delay the search and may result in your document not being located. You can be assured that every attempt will be made to locate the record you have requested. The minimum facts required include: 1) the full name of the decedent at the time of death, 2) the date of death, and 3) the place of death.

OPTIONAL INFORMATION TO ASSIST US IN SEARCHING FOR THE RECORD

Any additional information you may have can assist us in our search such as nicknames, a spouse's name of a married female, whether the deceased was an infant, or the name of the funeral director in charge of the decedent. You can be assured that every attempt is made to locate the record you have requested.

QUESTIONS?

If you have any questions, visit our official website: vr.health.ok.gov

We are located at: Vital Records - Oklahoma State Department of Health
1000 NE 10th Street, Oklahoma City, Oklahoma

Walk-In Hours:     Phone:  405.271.4040
Monday-Friday     8:30am-4:00pm
MAIL YOUR APPLICATION TO: