

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
50-15-121 MCA & 7-4-2631 MCA

HILL COUNTY CLERK & RECORDER, 315 4TH ST, HAVRE MT 59501 -406-400-2412 -http://hillcounty.us

INSTRUCTIONS: This form must be COMPLETED AND NOTARIZED before a complete copy of a death certificate will be issued. If requesting in person, in our office, a PHOTO ID for PROOF OF IDENTITY must be presented, other wise this form must be notarized. 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.

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:

Your Name: (Please Print) _____ Date: _____
Business Name (if applicable) _____
Street Address _____
City _____, *State* _____ *Zip* _____
If we are mailing certificates and your mailing address is different from above, please provide it here:

Your Relationship to Deceased: _____
YOUR SIGNATURE: _____ Telephone Number: _____

The following information must be complete:

DEATH CERTIFICATE INFORMATION:

Number of Copies Requested: _____

NAME OF DECEASED: _____
DATE OF DEATH: (MM/DD/YY) _____ **COUNTY OF DEATH:** _____
REASON RECORD IS NEEDED: _____
TYPE OF RECORD REQUESTED: _____ Certified ~ \$7.00 _____ Non-Certified ~ \$2.50

For Notary Use:

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public for the State of _____, personally appeared _____, known to me or proved to me AFTER PRESENTATION OF IDENTIFICATION that he/she is the person signing this application.

Signature of Notarial Officer
Printed Name of Notary _____

Residing at _____
Notary Public for the State of _____ (SEAL)
My Commission Expires _____

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY & KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT OR CERTIFIED COPY MADE, ALTERED, AMENDED OR MUTILATED. MCA 50-15-114(C)