SLVHD
Salt Lake Valley Health Department

SALT LAKE COUNTY – Salt Lake Valley Health Department
Vital Records Main Office: 610 S. 200 E., SLC, UT 84111 (801) 534-4658
Sandy Office: 9340 S. 700 E., (West of McDonalds) Sandy, UT 84070 (801) 256-1961
West Valley: 4535 S. 5600 W., WVC, UT 84120 (801) 963-7313
Office Hours are M-F unless otherwise posted: from 8:30 a.m. – 4:00 p.m.
SANDY & WEST VALLEY CLOSE FOR LUNCH DAILY 12:00 – 1:00

DEATH CERTIFICATE ORDER FORM

Full Name of Deceased:_____
First Middle Last
Date of Death :_____(If not known, specify years to search)_____

Place of Death: _____
City County
Deceased Birth State or Country: _____Date of Birth: _____

Usual Residence of Deceased: _____
City State
Father's Name:_____
First Middle Last
Mother's Full Maiden Name:_____
First Middle Maiden
If Deceased was Married, Name of Spouse: _____
First Middle Last

Warning: It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a death record. Punishment may include a civil penalty of up to $5,000 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 & 26-23-6.

FEES ARE: $16.00 FIRST COPY AND $8.00 FOR EACH ADDITIONAL COPY ORDERED ON THE SAME DAY.
The person ordering the certificate must be the spouse, parent, child, sibling, grandparent, grandchild or show proof of their legal need. Records may be requested by the general public 50 years or more after the date of death.
The person ordering is required to present their picture Identification. If sending this request by **mail t**o our main office, please include a copy of both sides of your picture identification. A list of acceptable identification is on the back of this page.

The replacement fee is $1.00 for each record. If the requester does not respond to a written notice from Vital Records within 90 days, Vital Records may retain all monies paid.

INFORMATION OF PERSON MAKING REQUEST

Relationship: I am: (Circle one) Spouse Mother Father Sibling Child Grandparent Grandchild
Your reason for making the request: _____

Your Signature: _____ Today's Date: _____

Your Printed Name: _____ Your telephone number: _____

Your address: _____
Street address City State Zip Code

Number of Certified Copies Requested

___1__ Certified Copy $16.00
_____ Additional certified copies $8.00 each $_____
Total $_____

Method of Payment: Cash Check Credit (in person only)
Clerk's Initials: _____
Paper #'s _____

Identification Information _____