



**Vital Records Offices**

*Open Monday–Friday*

**City Clinic:** 610 South 200 East; Salt Lake City, UT 84111; 385-468-4230

**Southeast Clinic:** 9340 South 700 East; Sandy, UT 84070; 385-468-4329

**Shipp Clinic:** 4535 South 5600 West; West Valley City, UT 84120; 385-468-3712

## Death Certificate Request Form

*Certificates available: Salt Lake City from 1847–present; Salt Lake County from September 1969–present; all Utah deaths from 2006–present*

**Full Name of Deceased:** \_\_\_\_\_  
First Middle Last

**Date of Death:** (if unknown, approximate years) \_\_\_\_\_ **Deceased's Date of Birth:** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_ **Deceased's Birth State or Country:** \_\_\_\_\_  
City County

**Usual Residence of Deceased:** \_\_\_\_\_  
City County State

**Mother's Full Maiden Name:** \_\_\_\_\_  
First Middle Last

**Father's Full Name:** \_\_\_\_\_  
First Middle Last

**Name of Spouse:** \_\_\_\_\_  
First Middle Last

**Note: Photo identification is required.** If submitting by mail, please include a copy of both sides of your identification. Certificates may be ordered by the named individual's surviving spouse, parent, sibling, child, grandparent, or grandchild. Otherwise, proof of legal need is required. Records may be requested by the general public 50 years or more after the date of death.

**It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a record.**

**First certified copy: \$16.00**  
**Each additional certified copy (ordered at the same time): \$8.00**  
Make checks payable to **SLVHD Vital Records**. Fees are subject to change.

**Please review the certificate for accuracy;** copies will only be replaced within 90 days of the issue date. If the requestor does not respond to a written notice from Vital Records within 90 days, SLVHD may retain all monies paid.

### Individual Making Request

**Name:** \_\_\_\_\_ **Daytime telephone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State ZIP

**Relationship to individual on certificate:** Spouse Parent Sibling Child Grandparent Grandchild

**Reason for requesting certificate:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

**Payment Method:** Cash Check Credit  
(in person only)

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

**Paper numbers:** \_\_\_\_\_

\_\_\_\_\_

**Identification provided:** \_\_\_\_\_

**Number of Certificates Requested**

  1   Certified copy: \$ 16.00

\_\_\_\_\_ Additional copies x \$8.00 each: \$ \_\_\_\_\_

**Total Due:** \$ \_\_\_\_\_

