



## APPLICATION FOR SEARCH OF DEATH RECORD FILES

Number of Copies \_\_\_\_\_  
 Amount Enclosed \_\_\_\_\_ Intended Use of Document \_\_\_\_\_  
 Relationship to Deceased \_\_\_\_\_

Full Name Of Deceased		First	Middle	Last		
Place of Death	Hospital		City/Town		County	State
Date of Death	Month	Day	Year	Sex	Race	Social Security No.
Date of Birth	Month	Day	Year	Birthplace (City & State)		Occupation
Last Known Address				Marital Status	Name of Husband or Wife	
Full Name of Father of Deceased				Full Name of Mother of Deceased		

Applicant Name	Applicant Address (Street, City, State, Zip)
Social Security No.	Driver's License No./State
Home Phone	Cell Phone
Work Phone	

I affirm under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
 Date

Mail to: City of Greenville  
 Attn: Vital Records  
 404 S. Third St.  
 Greenville IL 62246