# VILLLAGE OF LIBERTYVILLE
# APPLICATION FOR DEATH CERTIFICATE

**TO OBTAIN A DEATH CERTIFICATE:**

1. Complete this form.

2. **SEND A PHOTOCOPY OF YOUR DRIVERS LICENSE**

***3.*** Enclose a check or money order made payable to:

*VILLAGE OF LIBERTYVILLE* Phone (847) 362-2430

$12.00 - for one certificate
$ 8.00 - for each additional certificate
$ 2.00 - for postage

No. of Certificates _____

Amount Enclosed _____

***4.*** Mail this form, identification, and check to:

Village of Libertyville
Attn: Death Certificates
118 W. Cook Avenue
Libertyville, IL 60048

***PLEASE PRINT***

Full Name of Deceased _____
First Middle Last

Place of Death: _____
Hospital City, Village or Township County

Date of Death: _____Date of Birth: _____

Name of Spouse:_____

Full name of Father (of deceased):_____

Full name of Mother (of deceased):_____

Reason for Obtaining the Certificate: _____

**Death records are not public records and are only available to those who have a personal or property interest with the decedent.**

Signature _____ Relationship_____ Phone_____

**YOUR NAME AND ADDRESS**

Name _____

Address _____

_____

Office Use Only
Date_____
No. of copies_____
Amt. Received_____