

\$20 fee Certified Copy, \$10 for extra copy; \$20 non-certified, \$6 for extra copy

APPLICATION FOR SEARCH OF DEATH RECORD

Full Name of Deceased: _____

Date of Death: _____

Applicant's Signature: _____

Applicant's Address: _____

Applicant's Relationship to Deceased: _____

Received: Certified Copy No Record Certification Genealogical
Initials: _____

Make check payable to:
Jo Daviess County Clerk

Mail application and payment to:
Jo Daviess County Clerk
330 N. Bench St., Room 108
Galena, IL 61036