



REQUEST FOR CERTIFIED DEATH CERTIFICATE COPIES FUNERAL HOMES

QUANTITY	TYPE	DESCRIPTION	FEE
	Certified Photocopy	AKA Hardcopy (exact image) - lists informant	\$16.00
	Certified Copy	Computer generated copy - does not list informant	\$16.00
	Certified Copy Short Form	Computer generated - does not list cause of death	\$16.00
	Certified VA Photocopy	For Veteran's Administration Benefits Only - Hardcopy	FREE
	Certified VA Copy	For Veteran's Administration Benefits Only - Computer Generated	FREE
	Certified Copy Stillbirth	Hardcopy - does not list cause of death	\$16.00
	Certified Copy Miscarriage	Hardcopy - does not list cause of death	\$16.00
	Certificate Exchanges	Within 60 days of a correction - must return originals	\$5.00
	Correction of an Error	More than 1 year from the date of the event	\$20.00
	RUSH processing	Certificate Orders	\$10.00
	RUSH Legal Action	Corrections, Amendments, Court Orders	\$25.00

HOLD ORDER IF CAUSE OF DEATH IS PENDING? YES ☐ NO ☐ Send ____ copies with **PENDING** cause of death

Special Instructions: _____

Full name of Decedent _____

Date of Death _____ Place of Death _____
(Month, Day, Year) (City and County)

Name of client you are ordering copies for: _____

Relationship to Decedent: ☐ Spouse ☐ Child ☐ Grandparent/Grandchild ☐ Sibling ☐ Parent ☐ Closest Surviving
Relative (next of kin) ☐ DPOA/DPOAHC ☐ Power of Attorney as defined by §54-1142 (1) (b-c) ☐ Personal Rep/Executor
☐ Other (attach proof of entitlement)

Funeral Home – Name: _____

Mailing Address: _____

Send Copies To: _____
(If other than Funeral Home) _____

By signing this request, I certify under penalty of perjury to the law of the State of Idaho that the foregoing is true and correct. I attest I am ordering the certificate(s) on behalf of an individual that is legally authorized to receive said certificate(s) according to Idaho Code §39-270 and IDAPA 16.05.01 (11) (01-03) as an immediate family member, next of kin or as a legal representative. The name and relationship of the person are specified above.

Name: _____

Signature: _____
Authorized Funeral Home Staff Member

For our partners who have a billing agreement on file: FAX YOUR ORDER TO: 208-334-0685

For our partners paying at the time of service: MAIL YOUR COMPLETED REQUEST FORM AND PAYMENT TO:

IDAHO VITAL RECORDS
PRIORITY SERVICES
P.O. BOX 83720
Boise, ID 83720-0036