



## REQUEST FOR CERTIFIED DEATH CERTIFICATE COPIES FUNERAL HOMES

QUANTITY:	TYPE:	DESCRIPTION:	FEE:
_____	Certified Photocopy	AKA Hardcopy (exact image)	\$16.00
_____	Certified Copy	Computer generated copy	\$16.00
_____	Certified Copy Short Form	Computer generated - no cause of death	\$16.00
_____	Certified Copy Stillbirth	Hardcopy - no cause of death	\$16.00
_____	Certified Copy Miscarriage	Hardcopy - no cause of death	\$16.00
_____	Certified VA Copy	For Veteran's Administration Benefits only	<b>FREE</b>
_____	Certified VA Photocopy	For Veteran's Administration Benefits only	<b>FREE</b>
_____	Certificate Exchanges	Within 60 days of a correction	\$5.00
_____	Correction of an Error	More than 1 year from the event	\$20.00
_____	RUSH processing	Certificate Orders	\$10.00
_____	RUSH Legal Action	Corrections, Amendments, Court Orders	\$25.00

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)  Power of Attorney as defined by §54-1142 (1) (b-c)  Personal Representative / 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