



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	FREE
	Certified VA Copy	For Veteran's Administration Benefits Only	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	\$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 ___ 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) 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