

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF VITAL STATISTICS

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
DEATH CERTIFICATES ARE ON FILE FROM JULY 1, 1911 TO PRESENT

THIS REQUEST MAY BE REJECTED UNLESS ALL ITEMS ARE COMPLETED AND CORRECT FEES SUBMITTED

I hereby declare that as the applicant for a certified copy of the certificate described below, I have direct interest in the matter recorded and that the information therein contained is necessary for the determination of personal or property rights, pursuant to K.S.A. 65-2422(c). FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES ARE NOT OPEN TO PUBLIC INSPECTION. Proof of legal representation, direct interest, or written authorization is required.

Signature of person making request _____ Today's date _____
Relationship to person named on record _____ Daytime phone no. (____) _____
Reason for request (Please be specific) _____

One identification is required of anyone requesting and/or picking up a vital record. (See reverse side for examples of acceptable ID)

Applicant's Identification No. _____

DEATH INFORMATION (All items must be completed) (PLEASE PRINT OR TYPE)

Full name of deceased _____
Date of death _____ Place of death _____
(Month) (Day) (Year) (City) (County) (State)
Check if stillbirth _____ Race _____ Sex _____
Residence at death _____ Marital status at death _____
Name of spouse (if applicable) _____
Father's name/mother's maiden name _____
Age at time of death (or birthdate) _____ Place of birth _____
Funeral home _____
City/County where buried _____

Print name & address of person to receive record(s)

(Name)

(Street Address)

(City) (State) (Zip)

FEE INFORMATION ON REVERSE SIDE

Number of certified copies requested _____

TOTAL FEE: _____

Fees expire 12 months from date paid

PLEASE ENCLOSE A BUSINESS SIZE, SELF-ADDRESSED
STAMPED ENVELOPE

WARNING: DO NOT MAKE PHOTOCOPIES OF DEATH CERTIFICATES. K.S.A. 65-2422 (g) states, "No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a certificate of birth, death, or fetal death, except as authorized..." Penalty for such action can include a fine, imprisonment, or both.

IDENTIFICATION INFORMATION

Examples of acceptable ID:

- | | |
|---|--|
| 1. Driver's License (state and # or copy) | 6. Social Security Card (# or copy) |
| 2. Picture ID Card (state and # or copy) | 7. Credit Card # (issuing company and #) |
| 3. Social Services ID (state and #) | 8. Voter's Registration (state and #) |
| 4. Employment ID (firm and #) | 9. Military ID (# or copy) |
| 5. Payroll Stub | |

A copy of ID is acceptable; DO NOT send original item with application.

FEE INFORMATION

K.A.R. 28-17-6 requires the following fee(s). Correct fee must be submitted with request.

\$10.00 for one certified copy.

\$ 5.00 for each additional certified copy of the same record ordered at the same time.

A FEE OF \$10.00 MUST BE RETAINED FOR THE SEARCH IF THE CERTIFICATE IS NOT LOCATED. That fee allows a 5 year search of the records – the year indicated and two years before and two years after, or you may indicate the 5 year period you want searched.

Make checks or money orders payable to KANSAS VITAL STATISTICS. For your protection do not send cash.

Multiple requests may be handled and mailed separately.

If you need to contact Vital Statistics, you may telephone 913-296-1400. Walk-in customer service hours are 8:30 a.m. to 4:30 p.m., Monday through Friday.

MAILING ADDRESS

Office of Vital Statistics
Landon State Office Building
900 SW Jackson, Rm. 151
TOPEKA, KS 66612-2221