



**HOLMES COUNTY HEALTH DISTRICT**  
**Request for Certified Copy of Death Certificate**

Please be prepared to present a valid form of photo identification if needed when requesting a death certificate. **As an example:** Driver's License, State Identification, school photo identification, photo employment identification are considered valid forms.

**Death Certificates cost \$25.00 each; Burial Permits cost \$3.00 each**

<input type="checkbox"/> Decedent's Spouse	<input type="checkbox"/> Lineal Descendant	<input type="checkbox"/> Veterans Officer
<input type="checkbox"/> Executor of Estate	<input type="checkbox"/> POA / Agent of Estate	<input type="checkbox"/> Private Investigator Class A/B
<input type="checkbox"/> Funeral Director / Agent	<input type="checkbox"/> Federal/State Official charged with prosecuting a crime	

Name on Certificate: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death \_\_\_\_\_

Number of certified copies you are requesting: \_\_\_\_\_ Burial Permits \_\_\_\_\_

Certificate # _____	File # _____
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**If requesting additional death certificates:**

<input type="checkbox"/> Decedent's Spouse	<input type="checkbox"/> Lineal Descendant	<input type="checkbox"/> Veterans Officer
<input type="checkbox"/> Executor of Estate	<input type="checkbox"/> POA / Agent of Estate	<input type="checkbox"/> Private Investigator Class A/B
<input type="checkbox"/> Funeral Director / Agent	<input type="checkbox"/> Federal/State Official charged with prosecuting a crime	

Name on Certificate: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death \_\_\_\_\_

Number of certified copies you are requesting: \_\_\_\_\_ Burial Permits \_\_\_\_\_

Certificate # _____	File # _____
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**YOUR INFORMATION**

**YOUR NAME** (print) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

**OFFICE USE ONLY**

Date Issued: \_\_\_\_\_ Issued by: \_\_\_\_\_ Total fee received: \_\_\_\_\_

( ) cash \_\_\_\_\_ ( ) check# \_\_\_\_\_ ( ) Credit Card \_\_\_\_\_ Receipt# or Payment ID \_\_\_\_\_