

Office of the Bureau County Clerk & Recorder
Matthew S. Eggers
DEATH RECORD REQUEST

Number of copies requested _____ Today's date _____

(First certified copy is \$22.00; each additional copy of same record is \$8.00)

BEFORE completing, please be certain death occurred in Bureau County

I certify that I am legally entitled, according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy for the following reason:

_____ I have a personal or property right interest in the record, or I am the informant listed on the record.

_____ I am the duly authorized agent of a person having a personal or property interest in the record.

Name of the Deceased _____
First Middle Last

Date of Death _____
Month Day Year

Place of Death _____
City, Town or Village

Print name of person requesting record

Your relationship to deceased/Reason for request

Requester address

Phone and Email

I affirm, under the penalty of perjury, that the representations made on this application are true to the best of my knowledge and belief.

Signature _____ Date _____

Requests by mail must include payment and copy of photo identification.

700 S. Main St. / Princeton, IL 61356 / 815.875.3239 / bureaucountyclerk.com