APPLICATION FOR A SEARCH OF DEATH RECORD
Records for the past Ten (10) years only!

Date____________

Full Name of Deceased ____
First Middle Last

Date of Death _____________________ Place of Death _______________________________
City State

♦♦♦

Applicant’s Name ____

Applicant’s Address ____

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Applicant’s Phone Number ____

Your Relationship to the Deceased _______________________________________

Reason for Request of Certified Copies ___________________________________

Signature of Applicant ____

Number of Copies Requested ________

$15.00 for first copy $6.00 for each additional Make checks Or Money Orders payable to: MCHD

Send completed form with payment to:

McLean County Health Department
Attn: Registrar
200 W Front Street Rm 304
Bloomington IL 61701

If you have questions, please phone 309-888-5481. We only provide certified death certificates for deaths occurring in the past 10 years in McLean County. For deaths that happened more than 10 years ago, please check the McLean County Clerk’s website for information on how to obtain copies: http://mcleancountyil.gov/countyclerk/