

Macoupin County Clerk
P.O. Box 107
Carlinville, IL 62626

Phone# 217-854-3214

Office Use Only				
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CC	Gen	CASH	CHCK	CARD

Macoupin County

Death Certificate Request Form

Provide photo ID or other forms of identification.

Certified copies: **\$20 for first copy, \$10 for every additional copy** of the same certificate
Genealogy Copy (record must be 20 years or older) \$5 for each copy

Please Print

Name of Person: _____

Date of Death (Month/Day/Year) : _____

City, Town, or Township of Death: _____

Number of copies: _____

Genealogy

Certified Copy

Mailing Addresses:

Phone # _____

Relationship to person on Certificate (mark all that apply)

- Executor or Administrator of decedent's estate
- The informant listed on the death certificate
- The next of kin
- Someone who has a personal or property right interest in the certificate

Your Signature: _____