YELLOWSTONE COUNTY CLERK AND RECORDER PO Box 35001 BILLINGS, MT 59107 Phone: 406-256-2786 OVERNIGHT SHIPPING ADDRESS: 217 North 27th Street #204 Billings, MT 59101

PLEASE READ THESE INSTRUCTIONS CAREFULLY

WHO CAN ORDER A DEATH CERTIFICATE?

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature			
Driver's License	Social Security Card	 Credit/Debit/ATM Card 		
State ID Card	Work ID Card	 School ID Card 		
Passport	Car registration/Insurance	 Library Card 		
Military ID Card	Doctor/Medical record	 Insurance Record 		
Tribal	Fishing License	Pay Stub		
	US Military DD 214	 Traffic/ Pawn ticket 		
	Utility Bill with a current address	 Court record 		
	Voter Registration Card	 Year Book 		

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request

<u>IMPORTANT:</u> If the identification requirement is <u>NOT</u> met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEE (All fees must be U.S. funds)

- <u>CERTIFIED COPIES OF A DEATH CERTIFICATE</u> the cost \$7.00. (non-refundable)
- INFORMATIONAL COPIES OF A DEATH CERTIFICATE the cost is \$1.00. (non-refundable)

PLEASE MAKE CHECKS, MONEY ORDERS, OR CERTIFIED CHECKS PAYABLE TO: Clerk and Recorder *** Out of State Checks Not Accepted.

Please complete the following informati	on.			
Decedent's Name:				
Date of Death (We need a date to begin searching if date is unknown):			Date of Birth:	
Place of Death:	Place of Birth:			
Parents Names:				
Occupation:	Spouse's Name:			
Number of Copies	Type of record needed? Certified	Not Certified		
Your relationship to deceased:	Purpose for which the certificate is need	ded:		
Mailing or Delivery Address:				
Name:	Applicants Si	gnature	Date	
Address:				
City, State, Zip:	Daytime Telephone Number:			
	Notary (For use if	you don't valid ID)		
	personally appeared before me and whose iden	tity I proved on the basis of	f satisfactory evidence to be the signer of the	
above instrument.				
Subscribed and sworn to before me this	day of	f20	Official Use Only	
			Date	
			Rec#	
			Amount	
	Signature:		Cert #	
SEAL	Printed Name: Notary Public in and for the State of Residing atMy commission expression of the state ofMy commission of			
SEAL				

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT, OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114(C), MCA)