

(Notary's Signature)

Clerk & Recorder 512 California Avenue, Libby, MT 59923 (406) 283-2300

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 - C	One MUST have a Signature	OR
 Driver's License State ID Card Passport Military ID Card Tribal 	Social Security Card Work ID Card Car registration/Insurance Doctor/Medical record Fishing License US Military DD 214 Utility Bill with a current address Voter Registration Card	Credit/Debit/ATM Card School ID Card Insurance Record Pay Stub Traffic/ Pawn ticket Court record	Have an authorized family member that has an ID order the certificate

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

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

CERTIFIED COPIES OF A DEATH CERTIFICATE: Effective July 1, 2021 the cost is \$7.00 each

	es are non-refundable and must be U.S. funds. Please Make CH	ECKS Payable 10: Clerk & Recorder	
Please complete the following info Decedent's Name:	ormation.		
Date of Death:	Date of Birth:		
Place of Death:		Gender of Decedent:	
Occupation:	Spouse's Name:		
Reason record is needed			
Relationship:	Number of Copies _	☐ Certified ☐ Not Certified	
Mailing or Delivery Address:			
Name:			
Address:	City, State, Zip:		
Daytime Telephone Number:	Email Address:		
Signature of Applicant:			
Notary (for use if needed)	Verification of Signer's ID is Mandatory		
State of		Official Use Only	
County of		Date	
This record was signed and sworn to (or affirmed) before me on		Rec#	
(date) by	(Name of Applicant)	Amount \$	
		Cert #	
		Comment	

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)

[Official Stamp]