



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 – One MUST have a Signature		OR
<ul style="list-style-type: none"> • Driver's License • State ID Card • Passport • Military ID Card • Tribal 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Credit/Debit/ATM Card • School ID Card • Insurance Record • Pay Stub • Traffic/ Pawn ticket • Court record 	<ul style="list-style-type: none"> • 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:** MCA 7-4-2631 the cost is \$7.00 each

FEE: All fees are non-refundable and must be U.S. funds. **Please Make CHECKS Payable To:** Clerk & Recorder

Please complete the following information.

Decedent's Name: _____
 Date of Death: _____ Date of Birth: _____
 Place of Death: _____ Place of Birth: _____ Gender of Decedent: _____
 Parents Names: _____
 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 _____
 County of _____
 This record was signed and sworn to (or affirmed) before me on
 _____ (date) by _____ (Name of Applicant)

Official Use Only	
Date	_____
Rec#	_____
Amount \$	_____
Cert #	_____
Comment	_____

 (Notary's Signature)

 [Official Stamp]

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)