



**Town of Cicero
Clerk's Office**

APPLICATION FOR SEARCH OF DEATH RECORD FILES

The town began recording death records as of 1945.

The fee for a certified copy of the death record is \$11. Additional copies of the same record ordered at the same time are \$6 each. **SUBMIT A COPY OF YOUR CURRENT PHOTO ID.**

YOUR RELATIONSHIP TO PERSON

INTENDED USE OF DOCUMENT

CERTIFIED COPY \$11.00 - 1ST COPY, \$6.00 - EACH ADDITIONAL COPY.

Amount enclosed \$ _____ for _____ copies.

Make check or money order payable to TOWN OF CICERO. DO NOT SEND CASH

FULL NAME OF DECEASED		First	Middle	Last	
PLACE OF DEATH		Hospital	City	County	State
DATE OF DEATH	Month Day Year	SEX	RACE	OCCUPATION	SOCIAL SECURITY NO.
DATE OF BIRTH	Month Day Year	BIRTHPLACE		NAME OF SPOUSE	
FULL NAME OF FATHER OF DECEASED			FULL MAIDEN NAME OF MOTHER OF DECEASED		

APPLICATION MADE BY

MAIL COPY TO (if other than applicant)

NAME (written signature)

NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

MAIL TO: TOWN OF CICERO - CLERK'S OFFICE, 4949 W CERMAK RD, CICERO, ILLINOIS 60804