TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH

Date: _____ [redacted]

Number of Copies _____

Enclose [redacted] **for each copy.** 15.00

Full Name of Deceased: _____
First Middle Last Name

Date of Death: _____ **Sex:** Male or Female **Age at Death:** _____
Month Day Year

Place of Death: _____
City County State

Name of Funeral Home: _____

Location of Funeral Home: _____
City County State

Signature of Person Making Request: _____

Relationship to the Deceased: _____

Purpose of Copy: _____

Cause of Death is available only to the decedent's parent, child, spouse, or an attorney or agency acting on behalf of the decedent's estate or qualifying family member. If you request cause of death, please submit a photocopy of a government issued form of identification which includes your signature. Copies of any legal documents, where applicable, should also be submitted.

Do You Want the Certificate to Show Cause of Death? ☐ **YES** ☐ **NO**

Telephone Number Where You may be Reached for Additional Information: ( ) _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.
*** Government Issued ID Required With Signature**

A fee of $7.00 is charged for the search of the records even if no record is found and includes one copy if the record is filed in this office. If the certificate is not found with the date of death you provide, a search will be made in the records for the year before and the year after the date indicated; this search is routine and is included in the [redacted]**. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.**

15.00 fee

PH-1663 (Rev. 03/05) RDA S836.1

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

Name _____

Address or Route: _____

City _____ **State** _____ **Zip Code** _____

SEND TO:

Office of Vital Records
Andrew Johnson Tower
1st Floor
710 James Robertson Parkway
Nashville, TN 37243