

REQUEST FOR CERTIFIED COPIES—DEATH CERTIFICATE  
**FUNERAL HOME**  
EXPEDITED SERVICE BILLING

Type \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_ Fax Date: \_\_\_\_\_

Type:	Abbreviation	Description:
Certified Photocopy	HC	(Hardcopy same as local issuance)
Certified Copy	CC	(Computer generated copy)
Certified Short Form Copy	SF	(Computer generated without cause of death)
Certified Stillbirth Copy	SB	(Hardcopy with or without cause of death)
Certified Veteran's Copy	VA	(For veteran's benefits only)

(VA requests are offered in hardcopy and computer generated copies, at no cost.)

Full name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_  
(Month, Day, Year) (City and County)

Funeral Home – Name: \_\_\_\_\_

Address: \_\_\_\_\_

In signing this request, I attest I am ordering the certificate(s) on behalf of an individual that is legally authorized to receive said certificate(s) according to Idaho Code and Rules as an immediate family member, next of kin or as a legal representative. The name and relationship of the person are specified below.

Signature \_\_\_\_\_  
(Funeral Home Staff)

Copies Requested on Behalf of: \_\_\_\_\_ / \_\_\_\_\_  
(Name) (Relationship to Deceased)

Send Copies To: \_\_\_\_\_  
(If other than Funeral Home)  
\_\_\_\_\_  
\_\_\_\_\_

**FEES:**

**\$21.00 Certified Photocopy (hardcopy \$5.00 is charged on the order.)**

**\$16.00 Computer Generated Copy**

**\$16.00 Stillbirth Certificate with or without cause of death**

**\$16.00 Certified Short Form (no cause of death)**

**No Charge Veteran's Benefits Use Only**