

REQUEST FOR APPROVAL FOR ELECTRONIC FILING OF DEATH CERTIFICATE

Funeral Home	
Contact Name	
Funeral Home Phone Number	
Funeral Home E-mail Address	
Decedent's Name	
Date of Death	
City of Death	
E-File Death	<input type="checkbox"/> YES <input type="checkbox"/> NO

Burial Permit (\$3.00)	
Cremation Permit (\$3.00)	
Veterans Copy (attach documentation)	
Number of Copies To Purchase(\$23.00)	
TOTAL AMOUNT	

Payment Type	<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD
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NOTE: Affidavits and Supplementals cannot be e-filed. The originals must be received in the office for processing.

Please complete a separate cover sheet for each death certificate.

Please complete the above information and e-mail the death certificate to the **lakevs@lcghd.org**. This e-mail address is for filing purposes only. Adobe PDF format is the preferred method. **NO FAXES WILL BE ACCEPTED.**

The registrar's office will e-mail a letter of confirmation of registration to the e-mail address you provided above or a phone call will be placed to you if the certificate has been rejected. No orders for certified copies will be accepted until you receive confirmation that the record has been registered with this office. Please allow one business day for the certificate to be reviewed for registration.