

# LAKE COUNTY VITAL STATISTICS REQUEST FOR DEATH CERTIFICATE

Funeral Home	
Contact Name	
Funeral Home Phone Number	
Funeral Home E-mail Address	
Decedent's Name	
Date of Death	
City of Death	

Veterans Copy (attach documentation)	
Number of Copies to Purchase (\$23.00 each)	
TOTAL AMOUNT	

Payment Type	<input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD*
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*\*Credit/Debit Cards will be charged a convenience fee*

**Please complete a separate cover sheet for each death certificate request.**

Please complete the above information and e-mail this form to **lakevs@lcghd.org**. Adobe PDF format is the preferred method.

The registrar's office will e-mail a letter of confirmation once the order has been completed. Please allow one business day for the order to be completed.

**Please note if you choose to have the order mailed to your funeral home: The LCGHD Office of Vital Statistics is not responsible for lost, stolen or non-delivered orders handled by the U.S. Postal Service for delivery. All sales are final & non-refundable.**