

**FLATHEAD COUNTY CLERK & RECORDERS OFFICE**  
**800 S. MAIN, KALISPELL, MT 59901**  
**406-758-5528**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**WHO CAN ORDER A DEATH CERTIFICATE?**

Complete copies of a certified death certificate within two years of the date of death can only be issued to the following: parent, spouse, child (must provide proof of relationship/legal need), legal guardian (must provide proof of guardianship), authorized representative (must provide proof) or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights, proof of relationship, guardianship, or authorization is required before they may obtain a certified copy of a death record.

Other requestor may receive a copy of a death certificate, however, because of HIPPA restrictions the cause of death information will be protected for two years. After two years they may receive a complete "Informational Only" copy upon providing identification and demonstrating a need.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized

**Suggested Identification**

Picture ID with a Signature	OR Two Forms of ID - One MUST have a Signature	OR
* Driver's License	* Social Security Card	* Notarized Montana Office of Vital Statistics Statement to Identify certified Death Applicant form (you must provide the original letter, not a photocopy or faxed copy) * Have an authorized family member that has an ID order the certificate
* State ID Card	* Work ID Card	
* Passport	* Car registration/Insurance	
* Military ID Card	* Doctor/Medical record	
* Tribal	* Fishing License	
	* US Military DD214	
	* Utility Bill with a current address	
	* Voter Registration Card	
	* Credit/Debit/ATM Card	
	* School ID Card	
	* Library Card	
	* Insurance Record	
	* Pay Stub	
	* Traffic/Pawn ticket	
	* Court record	
	* Year Book	

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request

**IMPORTANT:** If acceptable identification is **NOT** enclosed, or in lieu of identification your application is not notarized, or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

**FEE (All fees must be in U.S. funds)**

- \* **CERTIFIED COPIES OF A DEATH CERTIFICATE** cost \$3.00 for each copy. (non-refundable)
- \* **INFORMATIONAL COPIES OF A DEATH CERTIFICATE** the cost is \$0.50 (non-refundable)
- \* **SEARCHES** \$0.50 for each year searched ( An informational copy will be issued if record is found) (non-refundable)

**DEATH CERTIFICATE APPLICATION**

Please complete the following information

Decedent's Name \_\_\_\_\_

Date of Death (An approximate date is needed to begin searching) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Death \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parents Names \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Number of Copies \_\_\_\_\_ Type of record needed? Certified \_\_\_\_\_ Not Certified \_\_\_\_\_

Reason the Death Certificate is needed \_\_\_\_\_

**Mailing Address:**

Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY (in lieu of identification)**

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument. Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

**SEAL**

Printed Name: \_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_  
 Residing at \_\_\_\_\_ My Commission expires \_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSON WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114 (c) , MCA)**