

**Richland County Clerk and Recorder Office**

201 West Main Street

Sidney MT 59270

Phone 433-1708

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**WHO CAN ORDER A DEATH CERTIFICATE?**

Complete copies of a certified death certificate will be issued to anyone who submits a completed application, establishes their identity, and lists the reason for needing the copy. If a death certificate lists the cause of death as "pending autopsy" or "pending investigation", a certified copy which has the cause of death information removed will be issued.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides 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
<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State ID Card</li> <li>• Passport</li> <li>• Military ID Card</li> <li>• Tribal</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Work ID Card</li> <li>• Car registration/Insurance</li> <li>• Doctor/Medical record</li> <li>• Fishing License</li> <li>• US Military DD 214</li> <li>• Utility Bill with a current address</li> <li>• Voter Registration Card</li> </ul>	<ul style="list-style-type: none"> <li>• Credit/Debit/ATM Card</li> <li>• School ID Card</li> <li>• Library Card</li> <li>• Insurance Record</li> <li>• Pay Stub</li> <li>• Traffic/ Pawn ticket</li> <li>• Court record</li> <li>• Year Book</li> </ul>
		<ul style="list-style-type: none"> <li>• Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)</li> <li>• Have an authorized family member that has an ID order the certificate</li> </ul>

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 the identification requirement is **NOT** met 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 U.S. funds)**

- **CERTIFIED COPIES OF A DEATH CERTIFICATE** cost \$3.00 for the first copy, \$3.00 for each additional copy of the same record. (non-refundable)
- **INFORMATIONAL COPIES OF A DEATH CERTIFICATE** the cost is \$.50. (non-refundable)
- **SEARCHES:** \$0.50 for each year.

**Please complete the following information.**

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

Date of Death (We need a date to begin searching if date is unknown): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parents Names: \_\_\_\_\_

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

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

Reason record is needed \_\_\_\_\_

**Mailing or Delivery Address:**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Notary (For use if needed)**

\_\_\_\_\_ 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 to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_ My commission expires \_\_\_\_\_

SEAL

**Official Use Only**

Date \_\_\_\_\_

Rec # \_\_\_\_\_

Amount \_\_\_\_\_

Cert # \_\_\_\_\_

Ser # \_\_\_\_\_

Comment \_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)**