



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH

Date: _____

Number of Copies _____
Enclose \$7.00 for each copy.

Full Name of Deceased: _____
First Middle Last Name

Date of Death: _____ Sex: Male or Female Age at Death: _____
Month Day Year

Place of Death: _____
City County State

Name of Funeral Home: _____

Location of Funeral Home: _____
City County State

Signature of Person Making Request: _____

Relationship to the Deceased: _____

Purpose of Copy: _____

Do You Want the Certificate to Show Cause of Death? YES NO

Telephone Number Where You may be Reached for Additional Information: () _____

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

A fee of \$7.00 is charged for the search of the records even if no record is found and includes one copy if the record is filed in this office. If the certificate is not found with the date of death you provide, a search will be made in the records for the year before and the year after the date indicated; this search is routine and is included in the \$7.00 fee. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.

PH-1663 (Rev. 10/02)

RDA N/A

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

SEND TO:

Name

Address or Route:

City State Zip Code

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37247