



**TENNESSEE DEPARTMENT OF HEALTH**  
OFFICE OF VITAL RECORDS

**APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF DEATH**

Date: \_\_\_\_\_

**Number of Copies** \_\_\_\_\_  
Enclose \$15.00 for each copy.

**Full Name of Deceased:** \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Last Name \_\_\_\_\_

**Date of Death:** \_\_\_\_\_

Month \_\_\_\_\_

Day \_\_\_\_\_

Year \_\_\_\_\_

**Sex:** \_\_\_\_\_ Male or Female \_\_\_\_\_

**Age at Death:** \_\_\_\_\_

**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:** \_\_\_\_\_

Cause of Death is available only to the decedent's parent, child, spouse, or an attorney or agency acting on behalf of the decedent's estate or qualifying family member. Copies of any legal documents, where applicable, should also be submitted.

**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.**

\* Government Issued ID Required With Signature

A fee of \$15.00 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 \$15.00 fee. Do not send cash. Send a check or money order made payable to Tennessee Vital Records. In addition, unless this application is notarized, you must send a photocopy of a government issued ID showing your signature. If you have not received a response within 45 days, please write or call Tennessee Vital Records at 615-741-1763.

**FILL OUT BELOW/ DO NOT DETACH**

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

**SEND TO:**

Name \_\_\_\_\_

**Tennessee Vital Records**

Andrew Johnson Tower, 1<sup>st</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243

Address or Route: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_