

Application for Certified Copy of Kansas Death Certificate

* PLEASE NOTE DEATH CERTIFICATES ARE ON FILE FROM JULY 1, 1911 TO PRESENT

Name of Requestor:	Today's Date:							
۸ ما ما بره م م م بر	(person req	uesting the certificate	•			-	•	
Address:			City/State:			Zip:		
Reason for Request (PLEAS	SE BE SPECIFIC):		Em	nail:				
Requestor's Signature:		Phone Number:						
*IMPORTANT: The p	person requesting th	e vital record mus t	t submit a copy of t	heir identi	fication. See	list on rev	verse side.	
	Requestor's r	elationship to pers	son on the Certific	ate? (Chec	k one)			
Self	Father		Maternal Grandparent Paternal Uncle				rnal Uncle	
Mother	Brother		Paternal Grandparent Maternal Uncle				rnal Uncle	
Sister	Son	Legal Guardia	lian(submit custody order) Paternal Aunt			ernal Aunt		
Current Spouse	Daughter	Other (specify)	pecify) Maternal Aunt				ernal Aunt	
		F	ees					
This fee allows a 5-year indicate the consecutive 5 * IF THE CERTIFICATE Make che	5-year period you wan	Searched. You may Searched MUST B payable to Kansas V	specify more than on the second secon	ne 5-year sp	oan, but each so	earch will c	ost \$20.00.	
		Death In	<u>formation</u>					
Name on Certificate at D	eath (First, Middle,	Last):						
Date of Death:	Race:): 		Sex: [Male	Female	
Place of Death:	e in Kansas)	Dat	te of Birth/	Age at Death:				
Marital Status at Death:			e of Spouse:					
Mother/Parent Name Prior	to First Marriage (Fi	rst, Middle, Last)	·					
Father/Parent Name Prior to	o First Marriage (Firs	st, Middle, Last)						
Residence of Death: Place of birth:								
Funeral Home Name:								
City/County Where Buri	ed:							
Number of Copies Order	r ed:	\$20 per Cert	ified Copy	\$Total	:			
*Requirements-Read be	efore turning in a	pplication	_	OFFICE	USE ONLY			
1) This request form <u>must</u> be o			Type/ID #					
2) Enclose a copy of both front	and back of a current	legal photo ID						
2) Enclose a copy of both front and back of a current legal photograph (see back for list of acceptable ID's)			Station/# of apps			Exp		
•	•	(STOP)						
3) Enclose appropriate fees 4) Person requesting the certification	finata manatai		Payment Type	CASH	CHECK	CCARD	MO	
4) Person requesting the certificate must sign above		@ ({)	A		Character ! ! !			
5) If submitting by mail, enclose a self-addressed sta			Amount given		Chg provided			
*Request will be returned if the	e above steps are not co	ompleted correctly	INITIAL					
Walk-in H	ours:	Kansas Office of Vita	al Statistics	Off	fice hours:(live	phones)		



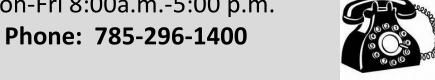
Walk-in Hours: 9:00a.m.-4:00 p.m. Monday-Friday



ansas Office of Vital Statistics 1000 SW Jackson Suite 120 Topeka, KS 66612-2221



Office hours:(live phones)
Mon-Fri 8:00a.m.-5:00 p.m.



Detailed Information

Identification						
Requestor's current ID required To Get a Certificate:	Who's Eligible to Obtain Most Certificates: Must provide ID and proof of direct interest					
ONE form of Primary Documentation required from list below	Eligibility					
Please make a copy of one of the following documents and send with the application. All documents <u>MUST</u> be signed, current and valid. All Identification must have both sides and be able to be read.	By State law, vital records filed with this office are not open for public inspection and the requestor must meet eligibility requirements must be named on the record, an immediate family member, or someone who can provide legal proof the record is necessary for the determination of personal or property rights. [K.S.A. 65-2422d]					
 Photocopy of Government Issued Driver's License, Military ID, State ID card, Valid Passport and Visa's. (Not the credit/debit card) 						
 Permanent resident card 	 Parents 					
 Alien registration receipt card 	 Current Spouse 					
 Employment authorization card 	 Adult Children 					
 Re-entry permit 	 Grandparents 					
 Refugee Travel Document 	 Siblings 					
 VA Card (with intact photo) 	 Aunts/Uncles 					
 Voter's registration card (Countries outside of the U.S.) 	 Niece/Nephew 					
 Certificate of Naturalization (with intact photo) 	∘ <u>Must</u> be age 18 or older					
 Concealed Carry handgun license Resident Alien card PLEASE NOTE MATRICULAS ARE NOT AN ACCEPTABLE FORM OF ID 	If legal guardianship has been established through the courts, please provide a copy of the guardianship papers.					

If you do not have a government issued photo ID, you must send photocopies of any two of the following: *Photocopies must be of the complete document, able to be read and be the Requestor's with current address

- Temporary Driver's License
- Social Security card (must be signed by card holder)
- Bank Statement with Requestor's current address
- Car Registration or Title with Requestor's current address
- Utility Bill with current address of Requestor and company letterhead with company name and address; not handwritten
- Current Pay Stub (must include your name, social security number plus name and address of business; not handwritten)
- Valid insurance card or policy of Requestor
- Valid health insurance card or policy of Requestor
- Parole document (book sheet) of Requestor
- Bureau of Indian Affairs Tribal ID card of Requestor
- Inmate ID of Requestor(along with a memo completed and signed by a counselor or parole officer)
- Filed Income Tax of Requestor with current address
- Letter to Requestor from Social Service Agency/Health Department or other government agency with current address
- Hospital or Health agency bill (with current address) of Requestor
- Court Documents of Requestor
- W-2 from Employer (with Requestor's current address)
- Letter from employer (with Requestor's current address)
- U.S. Voters registration card of Requestor

Read: IMPORTANT MISCELLANEOUS INFORMATION

- 1) FEES EXPIRE 12 MONTHS FROM THE DATE OF THE REQUEST.
- 2) MULTIPLE REQUESTS FOR DIFFERENT RECORDS MAY BE HANDLED AND MAILED SEPARATELY.

WARNING: COPYING, ALTERING, or FRAUDULENT ACTIVITY PROHIBITED

Except as authorized by the Uniform Vital Statistics Act, no person shall prepare or issue any certificate (vital record) which purports to be an original, certified copy or abstract or copy of a certificate [K.S.A. 65-2422d.(g)]. Vital records identity theft related to obtaining certificates or making, counterfeiting, altering, amending any certified copy of a vital record with the intent to sell or obtain for any purpose of deception a certified copy of a vital record is a severity level 8, nonperson felony. [K.S.A. 21-3830a (d) and K.S.A 21-3830a (e)].