Renee Lotz, MMC
Office of the City Clerk
232 East Jackson Street
P. O. Box 377
Macomb, IL 61455
Phone: 309-833-2575 Fax: 309-836-1090

FEE: FIRST COPY - $15.00 ADDITIONAL COPIES $7.00 EACH
CASH, CHECK OR MONEY ORDER PAYABLE TO: CITY OF MACOMB

APPLICATION FOR SEARCH OF DEATH RECORDS

Deceased's
Full Name : _____
First Middle Last

Date of Death: _____
Month Day Year

Place of Death: _____
City State

****Please Bring Photo Identification With You****

Your Name: _____
First Middle Last

Address: _____
Street City State/Zip Phone Number

Relationship to Deceased: _____

Intended Use _____ Copies _____ Identification: _____

Signature _____ Date _____

For mailing purposes, please provide the address, if Different from Above, along with a copy of your Driver's License or other State Issued ID with the completed Application for Death Record.

Address _____
Street City State/Zip Phone Number