



Order form for certified copies of Death Record

Today's Date: _____ County where death occurred: _____

Decedent's Name: _____ OVERS Case #: _____

Date of Death: _____ (must be within 6 months of date of death) **24Hr. Card Sent**

Certified Copies (please check below):

Paper/Hybrid Electronic **Is this:** 1st order Add'l order Replacement order

Quantity:

_____ **Short Form** (Fact of death only -used for property transfer, termination of accounts, landlords, and other legal needs unrelated to cause of death).

_____ **Long Form** (With cause of death -used for insurance and other benefit claims related to cause of death).

_____ **Veteran's Copy** I have confirmed there is an application pending that requires a certified copy of the death record. _____ (initials)

Send to county veterans services

Name: _____

Address: _____

Send to regional service officer

Name: _____

Address: _____

Relationship to decedent: _____ Funeral home on record or Eligible Family Member

Reason for needing record: _____ Legal needs of informant/family

Person Ordering: _____

Funeral Home Name: _____

Address: _____

Telephone: _____

Will Pick Up (please check one): Funeral Home Family

Person receiving (signature)

Date

Mail Certified Copies To: Funeral Home

Informant/Family (name and address below)

Name: _____

Address: _____

Date County Mailed: _____

Date VA Copies Mailed: _____