Application for Death Certificate

SUBMIT TO:
Shelby County Health Department
Vital Records – Room 103
814 Jefferson Avenue
Memphis, TN 38105
(901)222-9688 fax (901) 222-9678

Legal Fee of $15.00 For Each Copy Requested

It is unlawful to willfully and knowingly
make any false statement on this application.

DATE_____

Name of Deceased _____
Date of Death _____
SEX_____ RACE_____ AGE (at death) _____
Place of Death (hospital or city or residence) _____
Name of Funeral Home_____
Give Name of Deceased Parents_____
Location of Funeral Home City_____
State _____ Zip Code_____
Your Name_____ Your Signature_____
(Please Print)
Your Relationship to Deceased_____ **Purpose of Copy**_____

Do You Want the Cause of Death to Show: YES _____ NO _____
Address of Person Making Request_____
Contact Number ( ) _____ City _____ State _____Zip_____

Number of Copies_____
Method of Payment: Cash, Credit Card/Debit, Money Order & Company Check
Amount Enclosed _____

Vital Records Clerk_____ Date_____

Mission

To promote, protect and improve the health and environment of all Shelby County residents