Vital Records Office – First Floor
477 23rd Street, Ogden, UT – 84401
801-399-7130 – www.webermorganhealth.gov
Office Hours: Monday – Friday 8 a.m. to 5 p.m.
***Applications taken after 4 p.m. will be processed the next business day.**

First certified copy **$35.00***
Each additional certified copy (ordered at the same time) **$10.00***
Death certificate reprint fee of $3 each will be charged for any death certificate that is reissued within 90 days of original issuance.

Valid identification and proof of relationship are required. See back of form additional information.

Please review the certificate for accuracy; copies will not be replaced after 90 days of the issue date.
It is a criminal violation to make false statements on vital records forms or to fraudulently obtain a vital record.

Death Certificate Request Form

We have records for all of Utah from for the previous 50 years. Records over 50 years may be available at the Utah State Archives.

Person on Certificate

Full Name of Deceased: _____
First Middle Last

Date of Death: _____ **City of Death:** _____ **County of Death:** _____
(if unknown, approximate year)

Date of Birth: _____ **State or Country of Birth:** _____

Parent 1: _____ **Parent 2:** _____
(Full Birth Name) (Full Birth Name)

Full Maiden Name of Spouse, if married: _____

Person Ordering Certificate

Name: _____ **Telephone number:** _____

Address: _____
Street Address City State ZIP

Relationship to individual on certificate: ☐ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild

Signature: _____ **Date:** _____

Number of Certified Copies Requested

_1_ Non-Refundable Search-Includes 1 Certified copy	$ 35.00
___ Additional certified copies $10.00 each	$_____
___ Replacement Certificate Fee $3.00 each	$_____
___ Shipping Fee $1.00 **Required on all mail requests**	$_____
Total:	$_____

No cash or credit/debit cards by mail.

Make check or money order payable to WMHD.

If this order is to be mailed, please print the complete mailing address below:
Shipping Fee Required

_____
_____
_____
_____
_____
_____

For Office Use Only

ID_____ **Exp** _____ ☐ ID Attached **Date** _____

Payment Method: Cash Check/M.O. Credit/Debit **Request #** _____ **Clerk Initials** _____

Change Given $_____ Check or CC #_____ Date Completed (if applicable) _____ Int____

Date Mailed (if applicable) _____ Qty____

The Weber-Morgan Health Department collects this data in order to coordinate services. We are committed to protecting your data privacy. See https://www.webermorganhealth.gov/about/personal-data-request-notice/ at webermorganhealth.gov.

Acceptable Identification List to Obtain Vital Records

One form of identification from the "Primary" list is required or two forms of identification from the "Secondary" list.

ID and documents used must be current

Primary (Need 1)

- Government Issued Photo Driver License
- Government Issued Photo identification
- Employment Authorization Card
- U.S. Military Identification Card
- Tribal Identification Card
- Permanent Resident Card
- Foreign Visa
- U.S. Passport
- U.S. Passport Card
- Foreign Passport
- U.S. Naturalization Certificate
- U.S. Certificate of Citizenship
- Matricula Consular Card
- Concealed Weapon Permit
- Mexican Voter Registration Card
- Jail/Prison Release Form (with photo)
- Veteran's Health ID Card

OR

Secondary (Need 2)

- Work Identification, Paycheck Stub, or W-2
- School, University, or College Identification Card
- Voter Registration Card
- Social Security Card
- U.S. Military Separation/DD-214
- Motor Vehicle Registration or Title
- Marriage License (certified copy with signatures
- Court Order or Court Document
- Jail or Prison Document
- Probation Document
- Property Tax Receipt
- Selective Service Card
- Hunting or Fishing License
- Insurance Card or Document
- Utility Bill
- Business License
- Professional License

Proof of Relationship

I am requesting a certificate for "Person A"

You Are:	**Then you must provide:**
Person A	No additional proof
Listed on the record as the parent of Person A	No additional proof
The sibling of Person A	Your birth certificate showing at least one parent shared with Person A
The current spouse of Person A	For birth certificates: Your marriage license or marriage certificate For death certificates: No additional proof required if you are listed as the spouse on the certificate For marriage/divorce certificates: You are not entitled to record
The child of Person A	Your birth certificate showing Person A as your parent
The grandchild or grandparent of Person A	A chain of birth certificates showing the familial relationship

All other requests require documentation of proof of a direct, tangible, and legitimate interest in the vital record.