

**APPLICATION FOR CERTIFIED COPY OF KANSAS DEATH CERTIFICATE**

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

**(PLEASE PRINT)**

**\$15.00 FOR ONE CERTIFIED COPY AND \$15.00 FOR EACH ADDITIONAL CERTIFIED COPY OF THE SAME RECORD**

**NUMBER OF CERTIFICATES REQUESTED**

**FEE INFORMATION ON REVERSE SIDE**

\_\_\_\_\_ CERTIFIED COPIES

\_\_\_\_\_ TOTAL FEE

NAME ON CERTIFICATE \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH \_\_\_\_\_ CHECK IF STILLBIRTH  RACE \_\_\_\_\_  
MONTH DAY YEAR

SEX: M  F

PLACE OF DEATH \_\_\_\_\_  
CITY COUNTY STATE (MUST BE KANSAS)

MARITAL STATUS AT DEATH \_\_\_\_\_ NAME OF SPOUSE \_\_\_\_\_

FATHER'S NAME/MOTHER MAIDEN NAME \_\_\_\_\_

DATE OF BIRTH (OR AGE AT DEATH) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

RESIDENCE OF DEATH \_\_\_\_\_ FUNERAL HOME \_\_\_\_\_

CITY/COUNTY WHERE BURIED \_\_\_\_\_

**YOU MUST INCLUDE A COPY OF PHOTO ID WITH THIS FORM  
OR TWO ALTERNATIVE DOCUMENTS (SEE REVERSE SIDE FOR LIST)**

YOUR NAME (PLEASE PRINT) \_\_\_\_\_

YOUR MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE

REASON FOR REQUEST (PLEASE BE SPECIFIC) \_\_\_\_\_

(We ask this so that we can provide appropriate service for your needs)

YOUR **DAYTIME** TELEPHONE NUMBER \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE (REQUIRED) \_\_\_\_\_

(See reverse side for eligibility requirements)

YOUR SIGNATURE (REQUIRED) \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**MAILING ADDRESS:** KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
**OFFICE OF VITAL STATISTICS**  
**1000 SW JACKSON, SUITE 120**  
**TOPEKA, KS 66612-2221**

WALK-IN CUSTOMER SERVICE HOURS: 9:00 - 4:00, MONDAY - FRIDAY

OFFICE HOURS: 8:00 - 5:00, MONDAY - FRIDAY, **PHONE (785) 296-1400**

[www.kdheks.gov/vital](http://www.kdheks.gov/vital)

***PLEASE ENCLOSE A BUSINESS SIZE SELF-ADDRESSED STAMPED ENVELOPE.***

**IDENTIFICATION**  
**ID IS REQUIRED OF PERSON COMPLETING FORM**

Due to identity theft and other fraudulent use of vital records, acceptable ID is limited.  
DO NOT send original ID with application

**YOU MUST PROVIDE A PHOTOCOPY OF A GOVERNMENT (STATE OR FEDERAL) ISSUED PHOTO ID. THIS CAN BE ISSUED BY THE U.S. OR OTHER COUNTRY OF RESIDENCE.**

**ACCEPTABLE IDENTIFICATIONS INCLUDES: (Please include photocopy of front and back)**

Photocopy of CURRENT Driver's License  
Photocopy of CURRENT State ID Card

Photocopy of CURRENT Passport or Visa  
Photocopy of CURRENT Military ID

Temporary drivers' license must have one additional ID submitted with request.

**IF YOU DO NOT HAVE A GOVERNMENT ISSUED PHOTO ID, YOU MUST SEND PHOTOCOPIES OF ANY TWO OF THE FOLLOWING (MUST BE TWO DIFFERENT FORMS OF ID):**

Social Security Card (must be signed)

Current Utility Bill With Current Address

Bank Statement With Current Address

Current Pay Stub (must include your name, social security

Car Registration or Title With Current address

number plus name and address of business)

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**FEE INFORMATION**

**K.A.R. 28-17-6 requires the following fee(s).**

The correct fee must be submitted with the request. The fee for certified copies of death certificates is \$15.00 for one certified copy and \$15.00 for each additional certified copy of the same record ordered at the same time. This fee allows a 5-year search of the records, including the year indicated plus two years before and two years after, or you may indicate the consecutive 5-year period you want searched. You may specify more than one 5-year span, but each search costs \$15.00.

**IF THE CERTIFICATE IS NOT LOCATED, A \$15.00 FEE MUST BE RETAINED FOR THE RECORD SEARCH.**

Make checks or money orders payable to **KANSAS VITAL STATISTICS**. For your protection, do not send cash.

Fees expire 12 months from date of the request.

**MULTIPLE REQUESTS FOR DIFFERENT RECORDS MAY BE HANDLED AND MAILED SEPARATELY.**

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**ELIGIBILITY**

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]

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**WEBSITE**

For additional information, please access the web site at: [www.kdheks.gov/vital](http://www.kdheks.gov/vital)

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**WARNING: COPYING OR ALTERING 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 copy of a certificate [K.S.A. 65-2422d.(g)]. Any person who willfully makes or alters any certificate or certified copy, except as authorized by the Uniform Vital Statistics Act, shall be fined or imprisoned, or both. [K.S.A. 65-2434.(1)].

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