

ANDREW COUNTY HEALTH DEPARTMENT

106 North 5th Street
Savannah, MO 64485

816-324-3139

www.andrewcountyhealth.com

DEATH CERTIFICATE REQUEST FORM

(\$13.00 first copy)

(\$10.00 each additional copy)

NUMBER COPIES REQUESTED: _____

DEATH NAME: _____

DATE OF DEATH: _____

RELATIONSHIP OF PERSON REQUESTING CERTIFICATE:

REQUESTER'S NAME: _____

REQUESTER'S ADDRESS: _____

REQUESTER'S CITY: _____

REQUESTER'S STATE: _____

REQUESTER'S ZIP: _____

*(You must present this form at the office to get the Certificate. It can not be mailed.)