

**FUNERAL HOME ONLY  
ORDER FORM  
CERTIFIED COPY OF DEATH**

**TO ORDER: DEATH MUST HAVE OCCURRED IN POLK COUNTY AND BE WITHIN SIX MONTHS OF THE OCCURENCE.**

**NOTE:** Decedent's family and/or eligible recipient can request death certificates from the funeral home after six months, up to two years of the occurrence. Funeral homes request Certificates of Death through the State Vital Statistics Department

Decedent's name: \_\_\_\_\_

Date of death: (must be within six months of date of death.) \_\_\_\_\_

Quantity requested of Certified Copies:

\_\_\_\_\_ Short/fact of death (used for property transfer, termination of accounts, landlords, and other legal needs unrelated to cause of death)

\_\_\_\_\_ Long 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 national service officer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to decedent: Funeral home on record    Reason for Request: Legal needs of informant/family

Funeral Home Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Will pick up

\_\_\_\_\_  
Person receiving (signature)

\_\_\_\_\_  
Date

Mail certified copies to:  funeral home OR

informant/family (name and address below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Fax Completed Form to:  
Polk County Public Health Vital Records  
Fax# 503-831-3499

**\*\*COUNTY PURPOSES ONLY\*\*** Date County Mailed: \_\_\_\_\_