## ARKANSAS DEPARTMENT OF HEALTH Vital Records Section Slot-44 4815 West Markham Little Rock, AR 72205

## **DEATH CERTIFICATE APPLICATION**

Only Arkansas deaths are recorded in this office. There are only a limited number of death records filed in this office for deaths prior to February 1, 1914. The fee is \$10.00 for the first certified copy requested and \$8.00 for each additional certified copy of the record. The fee must accompany the application.

| Send check or money order payable to the Arkansas Department of Health. DO NOT SEND CASH. Of the total fee you send, \$10.00 will be kept to cover search charges if no record of the death is found. Only the names and dates listed will be searched for the \$10.00 fee. Names and other dates submitted later will require an additional \$10.00 non-refundable fee. Mail this application, a copy of your photo id and the money to the address above. Please allow 4-6 weeks for processing. |  |   |  |  |
|--|--|---|--|--|
| List Below All Possible Dates of Death and Names Under Which the Certificate May be Registered (Type or Print)   |  |   |  |  |
| 1 Full Name of First Name Deceased   | Middle Name  | Last Name   |  |  |
| 2 Date of Death Month  | Day Year   | Age of Deceased   | Sex  |  |
| Place Where City or Town     Death Occurred  | County   | State   | Andread and the second and the secon |  |
| If unknown, give fast place of residence   | County   | State   |  |  |
| 4. Name of Funeral<br>Home   |  |   |  |  |
| 5. Address of<br>Funeral Home  |  |   |  |  |
| 6. Name and Address<br>of Attending<br>Physician   |  |   |  |  |
| If deceased was an infant, was it stillborn? ☐ Yes ☐ No  |  |   |  |  |
| What is your relationship to the person whose certificate is being requested?  |  |   |  |  |
| What is your reason for requesting a copy of this certificate?   |  |   |  |  |
| Signature and telephone number of person requesting this certificate:  |  |   |  |  |
| HOW MANY   | All requests for ce  | All requests for certificates require photo identification.   |  |  |
|  | Certificates may also be ordered by the following methods:   |   |  |  |
| 1st Copy costs \$10.00 Each additional copy costs \$8.00   | Internet: <a href="www.vitalchek.com">www.vitalchek.com</a> . The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover or American Express). Certificates may be returned over night for the additional shipment fee. |   |  |  |
|  | OR   |   |  |  |
| AMOUNT OF MONEY ENCLOSED \$  | Telephone: (866) 209-9482. The service fee and the certificate fee are charged to your credit card. (Visa, Master Card, Discover or American Express). Certificates may be returned over night for the additional shipment fee.                                    |   |  |  |
|  |  | OR  |  |  |
| Please PRINT the name and addres of the person who is to receive this request on the lines below.  | are accomfod for some day incurre  | copy of the death record by coming<br>se from 8:00 A.M. until 4:00 P.M. Mo<br>tham St. Little Rock, AR 72205.   | Into this office. Orders nday through Friday. The  |  |
|  | ap<br>to   | ny person who willfully and knowingly mal<br>plication for a certified copy of a vital reco<br>a fine of not more than ten thousand dolla<br>t more than five (5) years, or both (Arkan | ord filed in this state is subject ars (\$10,000) or imprisoned  |  |