

ARKANSAS DEPARTMENT OF HEALTH

Vital Records Section Slot-44

4815 West Markham

Little Rock, AR 72205

Date _____

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 and the money to the address above. Please allow 4-6 weeks for processing the request.

List Below All Possible Dates of Death and Names Under Which the Certificate May be Registered (Type or Print)

| | | | | | | |
|---|--------------|-------------|-----------|-----------------|-----|------|
| 1 Full Name of Deceased | First Name | Middle Name | Last Name | | | |
| 2 Date of Death | Month | Day | Year | Age of Deceased | Sex | Race |
| 3. Place Where Death Occurred If unknown, Give Last Place of Residence | City or Town | County | State | | | |
| | City or Town | County | State | | | |
| 4. Name of Funeral Home | | | | | | |
| 5. Address of Funeral Home | | | | | | |
| 6. Name and Address of Attending 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:

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|-------|
| Name of Searcher | |
| Index | |
| Delayed | Prior |
| Volume Number | |
| Page Number | Year |

CERTIFIED COPY
1st Copy costs \$10.00

Each additional copy costs \$8.00 **HOW MANY**

AMOUNT OF MONEY ENCLOSED \$ _____

Certificates may also be ordered by the following methods:

Internet: www.expressvitalrecords.com or www.vitalchek.com . 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. All Internet orders are expedited

OR

Telephone: (888) 803-1118 or (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. All telephone orders are expedited.

OR

Please **PRINT** below the name and address of the Person who is to receive this request.

Walk-in: You may order a certified copy of the death record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 4:00 P.M. Monday through Friday. The office is located at 4815 West Markham St. Little Rock, AR 72205.

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105.)