WEBER-MORGAN HEALTH DEPARTMENT
APPLICATION FOR CERTIFIED ***DEATH*** CERTIFICATE

Certificates for deaths that occurred in Ogden City limits since 1958, Weber County since 1958, Morgan County since 1993, and all of Utah from August 1, 2006 are available in this office. Death records from other Utah areas can be expedited for an additional fee and processing time. It is a violation of Utah State law for any person to obtain, possess, use, sell, or furnish for any purpose of deception, a death certificate or certified copy thereof.

INSTRUCTIONS

File Number

1. Old records and searches require 24 working hours in office to process. ☐Pick Up ☐Mail ☐ Call when ready

ID#_____

2. Complete an application for each person. ****** VALID PICTURE ID OF PERSON APPLYING IS REQUIRED ****.**
3. There is a fee of $16.00 for one certificate, or 5-year search of our files if the exact date is not known. Extra certified copies of this record ordered at the same time are $8.00 each.
4. Window hours are 8:00 am to 6:00 pm Monday through Thursday and 8:00 to 5:00 pm on Friday. For mail requests submit a completed application, easily identifiable photo copy of the front and back of the valid picture ID of the person applying, and correct fee to Weber-Morgan Health Dept., Vital Records Office, 477 23rd Street, Ogden, Utah 84401. **Make checks or money orders to WMHD. Credit cards orders can not be accepted by mail**. For questions call: 801-399-7130. ***See mailing information below.**
5. If applicant does not respond to a written request from this Office within 90 days, we may retain all monies paid.
6. **Please review the documents entirely for accuracy when you receive them.** Copies can only be replaced within 90 days from the issuance date. Other fees and processing time may apply.

INFORMATION TO IDENTIFY THE RECORD

First, Middle, and Last Name of Decedent
Date of Death _____ (or specify 5 year search dates)

Place of Death**:** City_____ County_____

Birthplace of Decedent_____ Birth date_____

Last Residence of Decedent- City & State _____

First, Middle, and Last name of father_____

First, Middle, and Last name of mother before Marriages _____

Name of Spouse, IF MARRIED AT TIME OF DEATH_____

APPLICANT ☐ Valid picture ID of the person applying for the record is required - see back of form

What is your relationship to the decedent:_____

Why do you want the record _____

Clearly Print Your Name_____ Phone Number_____

Your Address_____
(city) (state) (zip)

Your Signature_____ Date

CERTIFICATES AND SERVICES REQUESTED

If mailing to other than applicant, **WRITE NAME AND MAILING ADDRESS BELOW.** In-office processing time is less than one week, but **we have no control over** outside mail service time. If there are problems with the request, record or fee there may be additional fees and processing time.

1 Regular Certificate $ 16.00 +

___ Additional Copies at $8.00 each $_____

___ _____ $_____ + Req.#_____ Paper #_____

☐ Cash ☐ Check/MO ☐ Credit/Debit **TOTAL** $_____

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Credit card orders can not be accepted by mail

*****OTHER FEES MAY APPLY****