Date _____

ARKANSAS DEPARTMENT OF HEALTH VITAL RECORDS, 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.**

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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
3.	Place Where Death Occurred	City or Town	County	State	
	If unknown, give last place of residence.	City or Town	County	State	
4.	Name of Funeral Home				
5. Address of Funeral Home					
6. Name and Address of Attending Certifier					
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 certificates require photo identification.		
			Certificates may also be ordered by the following methods:		
1st Copy costs \$1 Each additional co			Internet: 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.		
			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 address of the person who is to receive this request on the lines below.			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 a application for a certified copy of a vital record fit to a fine of not more than ten thousand dollars (not more than five (5) years, or both (Arkansas	iled in this state is subject \$10,000) or imprisoned