

REQUEST FOR APPROVAL FOR ELECTRONIC FILING OF DEATH CERTIFICATE

Funeral Home _____

Contact Name _____

Funeral Home Phone Number _____

Funeral Home E-mail Address _____

Decedent's Name _____

Date of Death _____

Please complete the above information and e-mail the death certificate to the e-mail address listed below. This e-mail address is for filing purposes only. Adobe PDF format is the preferred method. **NO FAXES WILL BE ACCEPTED.**

The registrar's office will e-mail a letter of confirmation of registration to the e-mail address you provided above or a phone call will be placed to you if the certificate has been rejected. No orders for certified copies will be accepted until you receive confirmation that the record has been registered with this office. Please allow one business day for the certificate to be reviewed for registration.

Please complete a separate cover sheet for each death certificate.

