



**TENNESSEE DEPARTMENT OF HEALTH**  
OFFICE OF VITAL RECORDS

**APPLICATION FOR CERTIFIED COPY OF A TENNESSEE CERTIFICATE OF DEATH**

(La versión en español al reverso de la página)

Date: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Enclose \$15.00 for each copy.

Full Name of Deceased: \_\_\_\_\_  
First Middle Last Name

Date of Death: \_\_\_\_\_ Sex: \_\_\_\_\_ Age at Death: \_\_\_\_\_  
Month Day Year

Place of Death: \_\_\_\_\_  
City County State

Name of Funeral Home: \_\_\_\_\_

Location of Funeral Home: \_\_\_\_\_  
City County State

Signature of Person Making Request: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_ Purpose of Copy: \_\_\_\_\_

Cause of Death is available only to the decedent's parent, child, spouse, or an attorney or agency acting on behalf of the decedent's estate or qualifying family member. Copies of any legal documents, where applicable, should also be submitted.

Do You Want the Certificate to Show Cause of Death?  YES  NO

Telephone number and email where you may be reached for additional information:

( ) \_\_\_\_\_ @ \_\_\_\_\_

**IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.**

**Records are filed in this office for the past 50 years. Records over 50 years are available at the TN State Library and Archives.**

A fee of \$15.00 is charged for the search of the records and includes one copy of the record, if located. Search fees are non-refundable if the record is not on file. All items must be completed and appropriate fees attached to process this request. Do not send cash. Send a check or money order payable to Tennessee Vital Records. **In addition, unless this application is notarized, you must send a photocopy of a VALID government issued ID showing your signature.** If you have not received a response within 45 days, please write or call Tennessee Vital Records at (615) 741-1763.

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**PRINT NAME AND ADDRESS BELOW FOR OUR RECORDS**

**Please remember to include the Fee and a Copy of your ID. (Note: The request will be returned if not included.)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address or Route

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

**Mail Your Application To:**

**Tennessee Vital Records  
Andrew Johnson Tower, 1<sup>st</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243**