

**APPLICATION FOR DEATH CERTIFICATE
FOR FUNERAL DIRECTOR USE ONLY**

No. of **Certified Copies** _____

No. of **Verifications** _____
(Limit of 3 – MUST be ordered at time of certificate filing)

No. of **VA Fee Exempt Copies** _____
(Limit of 2)

Please Print or Type All Information Required on this Form.

Name on Certificate _____

Date of Death _____ KY County in Which
(Month) (Day) (Year) Death Occurred _____

Did Death Occur Yes No If "Yes" Give
in a Hospital? Name of Hospital _____

Name of Attending Physician (if known) _____

Name of Funeral Director _____

Address _____
(Street) (City) (State)

Mail Copies to: _____

Address _____
(Street) (City) (State)

Phone _____
(Area Code) (Telephone Number)

Signature of Applicant

Is this the initial order? Yes _____ No _____

**Was the death certificate completed
electronically via the KY-EDRS?
Yes _____ No _____**

KY-EDRS Case Number:

**For reorders, please provide State
File Number (if known):**

**Note: Reorder processing may take up to
30 working days.**

Certified copies of death certificates are **\$6.00** per copy. The fee cannot be returned. If the certificate is on file, you will receive a copy. Make check or money order payable to "Kentucky State Treasurer." When completed, mail the entire form to Vital Statistics, 275 East Main Street, 1E-A, Frankfort, KY 40621-0001.

Name on Certificate _____

Number of Certified Copies _____; Number of Verifications _____; Number of VA Fee Exempt Copies _____

Total Amount Enclosed \$ _____

**Print name and mailing address of funeral home in the box
below. This portion of the application is a mailing insert and
will be used to mail the requested copies.**

**To ensure the special two-day service,
all items on this form must be
completed and mailed in the color-
coded envelope.**