BEAR RIVER HEALTH DEPARTMENT
APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Certificates for deaths that occurred in Logan City since 1863, Cache County, Box Elder County and Rich County since1976 are on file in this office. Death records from other Utah areas can be expedited from the State office 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. Logan death records before 1976 may require 24 working hours to process. Pick Up ☐ Mail ☐
   Expedited records may require additional fees and processing time.

2. Picture ID of the applicant is required to obtain a death certificate.

3. Complete a separate application for each person. There is a fee of $16.00 for each 5-year search of our files. Additional certified copies of this record ordered at the same time are $8.00 each.

4. If mailing, send completed application, easily identifiable photo copy of the front and back of the applicant's ID, and correct fee to Bear River Health Dept. Vital Records Office, 655 East 1300 North, Logan, Utah 84341. Make checks or money orders to BRHD. For questions call: 1(435) 792-6492. *See mailing information at the bottom of this page.

5. If the applicant does not respond to a written request from this Vital Records Office within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL 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_____
FULL NAME OF FATHER_____
FIRST & MAIDEN NAME OF MOTHER_____
NAME OF SPOUSE, IF MARRIED AT TIME OF DEATH_____

APPLICANT (Person requesting certificate)

What is your relationship to the decedent:_____
Why do you want the record_____
Your Signature_____**Date Today**_____
Full Street Address & City, State, Zip_____
Clearly Print Your Name_____**Phone Number**_____

CERTIFICATES AND SERVICES REQUESTED

1	Regular Certificate	$ 16.00 +
____	Additional Copies $8.00 each	$_____ +
____	Replacement fee $1.00 per DC	$_____ +
____	_____	$_____ +
____	_____	$_____ +
____	_____	$_____ +

☐Cash ☐Check/MO **Total Due$**_____
***********OTHER FEES MAY APPLY***************

If mailing to other than applicant, **WRITE NAME AND MAILING ADDRESS BELOW.** In-OFFICE processing time is about 48 working hours, but **we have no control over outside mail service time.** If there are problems with the request, record, or fees, there may be additional fees and processing time.

_____
_____
_____
REQ.#_____**PAPER #**_____

DCapp 102204