TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR VERIFICATION OF DEATH FACTS

THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO TENNESSEE VITAL RECORDS FOR $15.00.

Name and mailing address where verification is to be sent:

_____ _____
Name of Individual or Requesting Agency **Date**

_____ ( )
Street Address **Telephone No.**

_____
City **State** **Zip**

In order for the Office of Vital Records' staff to search the files of death records, please provide the following information from the record you are requesting:

_____ _____
Year of Death **Name of Deceased Person**

Also complete items 1-5 below if you have that information. This allows the Office of Vital Records to perform a more accurate search.

A fee of $15.00 is charged for the search of the year and the name entered above. This fee is charged even if no record is found. If you want to search more than one year of records, please enclose $15.00 for each additional year. The Office of Vital Records maintains death records for the past fifty (50) years. Earlier years may be obtained at the State Library & Archives.

1. Full name of Deceased: _____
   First Middle Last
2. Date of Death: _____
   Month Day Year
3. Place of Death: _____
   City County State
4. Residence at Time of Death: _____
   City County State
5. Decedent's parents:

   Mother's: _____ _____ _____
   First Middle Maiden Name

   Father's: _____ _____ _____
   First Middle Last

MAIL THIS APPLICATION TO:

Tennessee Department of Health
OFFICE OF VITAL RECORDS
Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243

DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.

This form is not a death certificate.
The information is transcribed from the original document.

1. Name of Decedent: _____
2. Sex: _____
3. Date of Death: _____ 4. Age at time of Death: _____
5. Date of Birth: _____
6. Place of Birth: _____
7. Was Decedent Ever in the Armed Forces: ☐ Yes ☐ No From _____ to _____
8. Place of Death: _____
9. Facility Name and Address: _____
10. Marital Status: _____
11. Spouse's Name: _____
12. Decedent's Occupation – Kind of Business: _____
13. Decedent's Residence: _____
14. Race: _____ 16. Education: _____
17. Father's Name: _____
18. Mother's Name: _____
19. Informant's Name: _____
20. Informant's Relationship: _____
21. Mailing Address: _____
22. Method – Place of Disposition: _____
23. Funeral Director: _____
24. Embalmer: _____
25. Name and Address of Funeral Home: _____
26. Medical Examiner's Name and Address: _____
27. Physician's Name and Address: _____
28. Date Certificate Filed: _____

Other Information: _____

☐ We were unable to locate a certificate with information given.

Verified By: _____
Title: _____
Date Verified: _____