

**BIG HORN COUNTY**  
**PO BOX 908**  
**HARDIN, MONTANA 59034**  
**Phone: 1-406-665-9730/Fax: 1-406-665-9738**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized. Following is a list of Suggested Identification.

Picture ID with a Signature	OR Two Forms of ID - One must have a Signature		OR
<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State ID</li> <li>• Tribal ID</li> <li>• Passport</li> <li>• Military ID Card</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Work ID Card</li> <li>• Car Registration/Insurance</li> <li>• Doctor/Medical record</li> <li>• Fishing License</li> <li>• US Military DD214</li> <li>• Utility Bill</li> <li>• Voter Registration Card</li> </ul>	<ul style="list-style-type: none"> <li>• Credit/Debit/ATM Card</li> <li>• School ID Card</li> <li>• Library Card</li> <li>• Insurance Record</li> <li>• Pay Stub</li> <li>• Traffic/Pawn Ticket</li> <li>• Court Record</li> <li>• Year Book</li> </ul>	<ul style="list-style-type: none"> <li>• Notarized Signature</li> <li>• Have an authorized family/friend member that has an ID fill out a Statement of Identity Form</li> </ul>

**FEE (All Fees must be U.S. funds)**

- CERTIFIED COPIES OF A DEATH CERTIFICATE: cost **\$7.00** per Certified Copy
- INFORMATIONAL COPIES OF DEATH CERTIFICATES may be issued to anyone as long as the death occurred 30 years prior to the date of application, the cost is \$.50.

**PLEASE COMPLETE THE FOLLOWING INFORMATION.**

Decedent's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Type of record needed? Certified \_\_\_\_\_ Not Certified \_\_\_\_\_

Reason record is needed: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

**Mailing address (if certificate is being mailed):**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Daytime Telephone Number: \_\_\_\_\_

**Notary(For use if needed)**

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_

**SEAL**

<b>Official Use Only</b>	
Date	_____
Cert#	_____
Ser #	_____
Comment	_____