

# FDSA Death Certificate Order Form

All death certificate orders must use this form for every individual Certificate request. Each order must be pre-paid with checks received at the FDSA office before any weekly orders are placed for your firm by FDSA. There will be a \$15 charge for non-members. There is a minimum of a 4-5 week delivery period for each order placed. There will be no cancellations once the order is placed.

## Illinois Agency Rates for Death Certificates

	City of Chicago	Cook County/ Suburban	Older (before 1986)
First Copy	\$12.00 (If file # is included)	\$10.00	\$15.00
First Copy	\$15.00 (If file # is not included)		
Add'l Copies	\$4.00	\$4.00	\$4.00

To request more forms, call the FDSA office at 630-980-4740 or download them online at [www.fdsachicago.com](http://www.fdsachicago.com).

(Please Print Clearly)

Order Date: \_\_\_\_\_ Requester's Name: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

County of Death: \_\_\_\_\_

City of Death: \_\_\_\_\_

\*If Applicable, Chicago File # \_\_\_\_\_ (\*Note: See above rates for details about Chicago File #s)

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

Specify Number of Copies to Order: \_\_\_\_\_

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

Funeral Home Address: \_\_\_\_\_

Funeral Home Phone: \_\_\_\_\_

Funeral Home Fax: \_\_\_\_\_

Funeral Home E-Mail: \_\_\_\_\_

FDSA Office Use: \_\_\_\_\_ Member # \_\_\_\_\_

Order Rec'd Date: \_\_\_\_\_ Payment Rec'd Date: \_\_\_\_\_ Check # & Total \$ Rec'd: \_\_\_\_\_

Name Agency & Rec'd Date: \_\_\_\_\_ Order Processed Date: \_\_\_\_\_ Mailed to FH Date: \_\_\_\_\_

Notes:

Mail Your Payment & Completed Form to:

**FDSA of Greater Chicago**  
140 North Bloomingdale Road  
Bloomingdale, IL 60108-1017  
Phone: 630-980-4740  
Fax: 630-351-8490  
Website: [www.fdsachicago.com](http://www.fdsachicago.com)  
E-Mail: [office@fdsachicago.com](mailto:office@fdsachicago.com)