

ARKANSAS DEPARTMENT OF HEALTH  
Vital Records Section Slot-44  
4815 West Markham  
Little Rock, AR 72205

Date \_\_\_\_\_

**DEATH CERTIFICATE APPLICATION**

Only Arkansas deaths are recorded in this office. There are only a limited number of death records filed in this office for deaths prior to February 1, 1914. The fee is \$10.00 for the first certified copy requested and \$8.00 for each additional certified copy of the record. The fee must accompany the application. Send check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** Of the total fee you send, \$10.00 will be kept to cover search charges if no record of the death is found. Only the names and dates listed will be searched for the \$10.00 fee. Names and other dates submitted later will require an additional \$10.00 non-refundable fee. Mail this application and the money to the address above. Please allow 4-6 weeks for processing the request.

**List Below All Possible Dates of Death and Names Under Which the Certificate May be Registered (Type or Print)**

|                                           |              |             |           |                 |     |      |
|-------------------------------------------|--------------|-------------|-----------|-----------------|-----|------|
| 1 Full Name of Deceased                   | First Name   | Middle Name | Last Name |                 |     |      |
| 2 Date of Death                           | Month        | Day         | Year      | Age of Deceased | Sex | Race |
| 3 Place Where Death Occurred              | City or Town | County      |           | State           |     |      |
| If unknown, Give Last Place of Residence  | City or Town | County      |           | State           |     |      |
| 4 Name of Funeral Home                    |              |             |           |                 |     |      |
| 5 Address of Funeral Home                 |              |             |           |                 |     |      |
| 6 Name and Address of Attending Physician |              |             |           |                 |     |      |

If deceased was an infant, was it stillborn? ☐ Yes ☐ No  
What is your relationship to the person whose certificate is being requested?

What is your reason for requesting a copy of this certificate? \_\_\_\_\_

Signature and telephone number of person requesting this certificate: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Name of Searcher

Index

Delayed

Prior

Volume Number

Page Number

Year

**CERTIFIED COPY**  
**1st Copy costs \$10.00**

**Each additional copy costs \$8.00**

**HOW MANY**

**AMOUNT OF MONEY ENCLOSED \$** \_\_\_\_\_

**Certificates may also be ordered by the following methods:**

**Internet:** [www.expressvitalrecords.com](http://www.expressvitalrecords.com) or [www.vitalchek.com](http://www.vitalchek.com) . The service fee and the certificate fee are charged to your credit card.(Visa, Master Card, Discover or American Express). Certificates may be returned over night for the additional shipment fee.  
All Internet orders are expedited

**OR**

Telephone: Toll free (877) 899-0273 **(Express Vital Records)** or (866) 209-9482 **(Vital Chek)**. All telephone orders are expedited. The service fee and the certificate fee are charged to your debit or credit card. (Visa, Master Card, Discover or American Express). Overnight shipping is available for an additional fee.

**OR**

**Walk-in:** You may order a certified copy of the death record by coming into this office. Orders are accepted for same day issuance from 8:00 A.M. until 4:00 P.M. Monday through Friday. The office is located at 4815 West Markham St. Little Rock, AR 72205.

Please **PRINT** below the name and address of the Person who is to receive this request.

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105.)