



**State of Illinois**  
 Illinois Department of Public Health

**DIVISION OF VITAL RECORDS**

Fax: 217-557-5155

E-mail: [dph.ivrs@illinois.gov](mailto:dph.ivrs@illinois.gov) Attention: Civil Unions

**DEATH OF A PARTNER IN A CIVIL UNION**

Following is the information needed if the decedent was in a civil union partnership, regardless of the gender of the decedent or the partner:

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

Decedent's Social Security Number \_\_\_\_\_

Decedent's Date of Death \_\_\_\_\_

Place of Death (Facility name, City and County) \_\_\_\_\_

Name of Surviving Partner Prior to First Marriage/Civil Union \_\_\_\_\_

Date of Civil Union \_\_\_\_\_

Surviving Partner's Mailing Address \_\_\_\_\_

Funeral Home Name, Address and Telephone Number or Medical Examiner/Coroner's Information (if no funeral home handled the remains) \_\_\_\_\_

Funeral Director's Name \_\_\_\_\_ Date \_\_\_\_\_

The funeral director or the medical examiner/coroner should complete and send this form immediately upon the completion of the death certificate, but no later than five days after completion, to:

**Illinois Department of Public Health, Division of Vital Records, Civil Unions**

**Fax: 217-557-5155 or E-mail: [dph.ivrs@illinois.gov](mailto:dph.ivrs@illinois.gov)**

Once the Illinois Vital Registration System (IVRS) is updated to include civil union, the death certificate for the above named decedent will be corrected. The division will not accept this form after IVRS has been updated.

