

REQUEST FOR DEATH CERTIFICATE

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7. Requests without proper identification will not be processed. Please complete ALL items below as required pursuant to IC 16-37-1-10 (a).

You must include or present the following with completed application:

1. Valid photo ID required (Copy driver's license, Military ID, Passport)
2. Payment: cash, certified check, money order, credit card (No personal checks)
3. Stamped, self-addressed envelope (If you want the certificate(s) mailed to you)

Please Print Clearly

FULL NAME OF PERSON ON CERTIFICATE _____

DATE OF DEATH _____ PLACE OF DEATH _____

YOUR FULL NAME _____

YOUR MAILING ADDRESS: _____

YOUR TELEPHONE # _____ YOUR EMAIL _____

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE _____
(Proof of relationship is required)

PURPOSE FOR WHICH CERTIFICATE IS TO BE USED _____

NUMBER OF CERTIFICATES REQUESTED _____ @ \$15.00 each

**Warrick County Health Department
107 W. Locust St. Suite 204
Boonville, IN 47601**

Telephone: 812-897-6105 Ext. 1 or 6

*****You can also order by telephone – call for information*****

Visa – Master Card – Discover

Name _____

Mailing Address _____

Telephone Number (include area code) _____

Credit Card Number _____

Three Digit Security Code _____

Expiration Date _____

**A \$3.00 convenience fee is added if death certificate(s) charged to credit card. For your protection, credit card information is shredded when transaction is complete.