

**GRANT COUNTY HEALTH DEPARTMENT
401 S. ADAMS ST.
MARION, INDIANA 46953
(765) 651-2401, ext. 5 FAX (765) 651-2419**

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Name of decedent_____

Date of death_____

Place of death (city, county)_____

Your relationship to the person in item #1_____

Your signature_____

Your address_____

Your telephone number_____

FEE: \$15.00 per copy (**money order** payable to Grant County Health Department)

Total number of copies requested_____

Please note that personal checks will not be accepted.

Enclose a stamped, self-addressed return envelope.

REQUIRED

Include a photocopy of your driver's license or state issued identification card.