



Blackford County Health Department

506 E Van Cleve St

Hartford City IN 47348

Phone (765) 348-4317

Fax (765) 348-3041

<https://www.in.gov/localhealth/blackfordcounty>

DEATH CERTIFICATE REQUEST FORM

** If submitting by mail, a Xerox copy of driver's license will be accepted as identification.

Name of deceased: _____

Date of death: _____

Place of death: _____

Purpose for which record is to be used: _____

Your relationship to deceased: _____

Your Printed Name: _____

Signature: _____

Telephone Number: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Fees:

Certified Certificate \$20.00 Each Qty: _____ Total \$: _____

Office use only:

Date issued: _____ ID# _____ Cert # _____

By: _____