



**Daviess County  
HEALTH DEPARTMENT**

**Daviess County Government Center**

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**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD (I. C. 16-37-1-7)**

(Please Print or Type Clearly)

**Name of Deceased** \_\_\_\_\_

**Date of Death** \_\_\_\_\_

**Place of Death** \_\_\_\_\_

**Name of Requestor** \_\_\_\_\_

**Relationship to Deceased** \_\_\_\_\_

**Purpose for which record is requested** \_\_\_\_\_

**Reason for certifying cause of death** \_\_\_\_\_

**Signature of Requestor** \_\_\_\_\_

**Number of copies:** \_\_\_\_\_ **FEE: \$15.00 each (CASH OR MONEY ORDER ONLY - NO CHECKS!!!!)**

**NOTE: Identification is REQUIRED. Photocopy of driver's license is acceptable. (I. C. 16-37-1-8)**

***OUR OFFICE HAS NO RECORDS BEFORE 1882 AND VERY FEW BEFORE 1907***