



DAVIESS COUNTY HEALTH DEPARTMENT
Daviess County Government Center
300 E. Hefron St., Suite 150, Washington, IN 47501
Phone: (812) 254-8666 Fax: (812) 254-8643

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