

**Decatur County Health Department
315 S. Ireland St.
Greensburg IN, 47240**

Request form for Death Record Certificate

WARNING: False application, altering, mutilating or counterfeiting an Indiana Death Certificate is a criminal offense under Indiana Code IC16-1-19-6.

In accordance with Indiana Code IC 16-37-1-8 the following information is required to obtain a certified copy of any vital record. Please read this application thoroughly and complete **ALL ITEMS**.

A fee of \$25.00 will be charged for the first copy, and \$2.00 for any additional copies

VALID IDENTIFICATION IS REQUIRED

Name of Deceased: _____ Date of Death: _____

City, County, and zip code of Place of Death: _____

Your relationship to deceased: _____

Purpose for which record is requested: _____

Number of copies: _____

Your Name (PLEASE PRINT): _____

Your Address: _____

Your Phone Number: _____

Your Signature: _____

WARNING: WE RESERVE THE RIGHT TO NOTIFY THE FAMILY OF THE DECEASED OF YOUR REQUEST FOR THIS INFORMATION

HEALTH DEPARTMENT USE ONLY BELOW THIS LINE

Date received: _____ Total certificates: _____

Date record was files: _____ File number: _____

Form of ID: _____ Expiration Date: _____