Franklin County Health Department
1010 Franklin Avenue, Suite 210
Brookville, IN 47012
Phone: 765-647-4322
Fax: 765-647-5248
Email: health@franklincounty.in.gov

DEATH CERTIFICATE APPLICATION

$20.00 FOR EACH CERTIFIED DEATH CERTIFICATE REQUESTED

Please print. This form must be filled out completely or it will be returned.

Name of Deceased: _____

Date of Death: _____ Place of Death: _____

Purpose for which this record is to be used: _____

Relationship to deceased: _____

Your Name: _____

Your Signature: _____

Your Address: _____

_____

Daytime Phone: _____

Date: _____

COPY OF A PHOTO I.D. IS REQUIRED FROM PERSON REQUESTING CERTIFICATE.

FOR MAIL REQUESTS, PLEASE ENCLOSE A SELF-ADDRESSED & STAMPED ENVELOPE.

FILL IN FORM COMPLETELY AND LEGIBLY. CHECK OR MONEY ORDER ACCEPTED FOR MAIL ORDERS.

FOR OFFICE USE ONLY

Book #: _____ Page #: _____ Filed: _____

Certificate #: _____ Receipt #: _____