

Knox County Health Department

328 N. 2nd Street Suite 100 Vincennes, Indiana 47591 812-882-8080 option 2 - Vital Records

rkempfer@knoxcounty.in.gov

Application For Certified Copy of Death Certificate

In accordance with Indiana Code 16-37: Article 37, requests for death certificates must include all information listed below. A permanent record of this request must be kept on file with the Health Department

Full Name of Deceased:	Fi work	NA: dalla	Look
	First	Middle	Last
Date of Death:			
_	Month	Day	Year
City of Death:		County of Death:	
ercy of Beach.			
Guardian/Fathers Name:			
	First	Middle	Last
Guardian/Mothers Name:			
	First	Middle	Maiden/Last
_			
Reason for Request:			
Relationship to the Deceased:			
_			
Number of Copies Requested:			
	Requestor	Information (required)	
Requestor Name:			
	First	Middle	Last
Contact Phone Number:			
Current Address:			
City, State, Zip Code:			
Requesting Date:			
For Dea	ths Occurring in Knox Coun	ty, The Certificate Fee is \$20.	
	_	County, The Certificate Fee is \$2.	5
	We accept check, MO, and	• •	J.
	•	Card Payment Information for m	ail in annlications only
Genealogy Certificates are	Name on Card:	cara rayment information for in	ан ит аррисацон з отп
\$12.00 each. The individual	Card Number:		
must be deceased for 99	Expiration Date:	CVV:	
years to qualify	p		