



KOSCIUSKO COUNTY HEALTH DEPARTMENT APPLICATION FOR DEATH CERTIFICATE

DEATH MUST HAVE OCCURRED IN KOSCIUSKO COUNTY

WARNING: False applications, altering, mutilating or counterfeiting an Indiana Death Certificate is a Criminal Offense under I.C. 16-1-19-6

NAME OF DECEASED _____

DATE OF DEATH _____ PLACE OF DEATH _____

NAME OF PERSON MAKING REQUEST _____

FOR WHAT PURPOSE IS THIS RECORD TO BE USED? _____

YOUR RELATIONSHIP TO DECEASED _____

SIGNATURE OF APPLICANT _____

MAILING ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

PHONE NUMBER _____

NUMBER OF CERTIFIED COPIES _____

REQUIRED:

- ✓ FEES: \$10.00 FOR EACH CERTIFIED OR NON-CERTIFIED COPY. NO PERSONAL CHECKS - ONLY CASH, MONEY ORDER OR CERTIFIED CHECK.
- ✓ COPY OF YOUR CURRENT VALID DRIVER'S LICENSE OR STATE ID WITH SIGNATURE
- ✓ ALSO, INCLUDE A STAMPED LEGAL-SIZE ENVELOPE FOR RETURN DEATH CERTIFICATE.

Mail to: KOSCIUSKO COUNTY HEALTH DEPARTMENT
100 WEST CENTER STREET - ROOM 318
WARSAW, INDIANA 46580

Phone number 574-372-2349

OPEN Monday-Friday 8:00-4:30 (EST)

16-37-1-8: Indiana Vital Statistics law clearly requires that a health officer issue a certified copy only if he/she is satisfied the applicant has a direct interest in the matter recorded.

THIS SECTION FOR OFFICE USE ONLY

ID: _____ Cash _____
 Searched by: _____ Certified Check _____
 Certificate No _____ M.O. _____
 Issued at the counter _____ Issued by mail _____ Credit Card _____
 Today's date _____ Book # _____ Page _____ Roll _____ File date _____



Public Health
Prevent. Promote. Protect.