

Application for a Certified Death Certificate



Miami County Health Department
Attn: Registrar
12 S Wabash St.
Peru, IN 46970
765-472-2343 Vital Records

Complete All Items Photo ID is required

Date: _____

Full Name at Deceased _____

Date of Death _____

Place of Death _____

Purpose for Which Record is to be used _____

Relationship to Deceased _____

Printed Name of Applicant _____

Signature of Applicant _____

Mailing Address _____

Phone Number _____

Fee: Certified Death Certificate \$15.00. Number of Copies _____

In order to process your request, this form must be filled out completely. Enclose a copy of your driver's license or state issued I.D. Also, enclose a self-addressed stamped envelope and a money order made payable to Board of Health. No personal Checks will be accepted through the mail. Send to address at the top of page.

OFFICE USE ONLY* _____