

**Application for Certified Death Certificate**

*Montgomery County Records* ***AFTER*** *1882 Only*

**Montgomery County Health Department**

Fee: $15.00 per copy

\*Only local checks accepted – mail in requests with money order only.

\* We accept Visa and Mastercard both at the window and online. Please note that the company that process the debit/credit cards charges an additional $1.50 on top of fees for certificates.

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| [www.montgomerycounty.in.gov](http://www.montgomerycounty.in.gov)  1580 Constitution Row STE G  *Death Records will be issued without Social Security Number and cause of death to non immediate family.*  *IC 16-37-3-9*  Instructions:   1. Please compete all items below by printing clearly 2. Proof of ID required (1 photo ID or 2 non photo ID items with current address) 3. Mail-in requests will require a Notary Public signature   Crawfordsville, IN 47933  Phone: 765-364-6440  Fax: 765-361-3239 |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **TO BE COMPLETED BY ALL APPLICANTS** | | | | | | |
| **Your Name** | | | | | **Your Address** | |
|  | | | | |  | |
| **Your City** | **State** | **Zip** | | **Phone Number** | | **Driver’s License State and Number** |
|  |  |  | |  | |  |
| **Purpose for record request:** | | | **Quantity:** | | **Relationship to person on certificate:** | |
|  | | |  | | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Adult Child** | | **🞎** | | **Parent** | **🞎** | | **Sibling** | | **🞎** | | | **Guardian** | **🞎** | | **Grandparent** | | | **🞎** | | **Spouse** | | **🞎** | | **Other** | **🞎** | | |

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| **USE THIS SECTION FOR DEATH RECORDS AFTER 1882** | | | | | | |
| **FULL NAME OF DECEASED AT TIME OF DEATH** | | | **Place of Death** | **Date Of Death** | | |
| **First** | **Middle** | **Last** | **COUNTY/STATE** | **M M** | **D D** | **Y Y Y Y** |
|  |  |  |  |  |  |  |

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| **TO BE COMPLETED BY ALL APPLICANTS** |
| **I swear and affirm that the information provided above is true and correct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of applicant** |
|  |
| **NOTARY SECTION (ALL MAIL REQUESTS MUST BE NOTARIZED.)** |
| **State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Subscribed and sworn before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. I reside in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(state), and my commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have identified this person by their identification presented to me.**  **Notary Public Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (STAMP)** |

**FOR ONLINE PAYMENTS ONLY: PLEASE ENTER YOUR PAYMENT CONFIRMATION NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| FOR OFFICE USE ONLY BELOW THIS LINE | | | | | |
| Date Received | Date Processed | Payment | Certificate Number | Initials | ID Checked |
|  |  |  |  |  |  |

**Revised 3.2022**