

SEND ALL MAIL REQUESTS TO:
Porter County Health Department
Vital Records
155 Indiana Ave Ste 104
Valparaiso, Indiana 46383



Request for Certified Death Record

(Please Complete ALL Sections)

Print or Type

1. Full Name of Deceased: _____
2. Place of Death: _____
3. Date of Death: _____
4. Mother's Name: _____
5. Father's Name: _____
6. My Relationship to the Deceased: _____
7. Number of Copies Requested: _____

Due to the nature of the personal information, the Porter County Health Department recommends this request be sent via Federal Express or UPS. The Health Department will not be responsible for lost mail.

Signature of Applicant

Applicant's Address

Printed Name of Applicant

City State Zip

Telephone

Payment Options: (No Personal Checks are accepted)

In Person: Cash, Official Checks, Money Order, Credit Card or Debit Card (additional fees apply)

By Mail: Official Checks or Money Order (**Do Not Send Cash**)

Fee: \$17.00 per copy

Office Use Only:

Date: _____

of Copies Issued: _____