

Application for Certified Death Certificate

(Death Records filed in this office begin 1882)

Posey County Health Department
100 Vista Dr.
Mt Vernon, IN 47620
Phone: 812-838-1328
Fax: 812-838-8561
www.poseycountyin.gov



Public Health
Prevent. Promote. Protect.

IDENTIFICATION REQUIRED

(Copy of valid Driver's License, valid Military ID, Passport)

In accordance with Indiana Code 16-37-1-8, the following information is required to inspect or to obtain a certified copy of any vital record. You must show that you have a direct interest in the record and need the record to determine personal or property rights.

PLEASE READ CAREFULLY. COMPLETE ALL ITEMS BELOW – PRINT CLEARLY.

Full Name of Deceased: _____
First Middle Last

Date of Death: _____
Month Day Year

Place of Death: _____
City County

How are you related to the deceased? _____
(Provide proof of relationship) _____ Mother/Father _____ Brother/Sister _____ Spouse/Child _____ Grandparent _____ Other

Purpose for death certificate _____

Your Signature

Your Address City State Zip Code

Your Telephone Number

Requested number of copies at \$18.00 each _____

Payment: Cash, cashier checks, money orders, debit/credit cards. Only local personal checks accepted. Do not send cash in the mail. A minimum convenience fee of \$1.00 will be added to debit/credit card transactions.