

PULASKI COUNTY HEALTH DEPARTMENT
125 SOUTH RIVERSIDE DRIVE SUITE # 205
WINAMAC, INDAINA 46996
PHONE: (574) 946-6080



Public Health
Prevent. Promote. Protect.

DEATH CERTIFICATE REQUEST FORM

**** IF SUBMITTING BY MAIL, A XEROX COPY OF A CURRENT DRIVER'S LICENSE WILL BE ACCEPTED AS IDENTIFICATION**

NAME OF DECEASED: _____

PLACE OF DEATH: _____

DATE OF DEATH: _____

PURPOSE FOR WHICH RECORD WILL BE USED: _____

YOUR RELATIONSHIP TO DECEASED: _____

=====

YOUR PRINTED NAME: _____

SIGNATURE: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEE: \$20.00 PER CERTIFIED CERTIFICATE: QUANTITY: _____ TOTAL: _____

PAYMENT ACCEPTED CASH, CHECK, OR MONEY ORDER (NO DEBIT OR CREDIT CARDS ACCEPTED)

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OFFICE USE ONLY:

DRIVERS LICENSE: _____ EXP. DATE: _____

DATE ISSUED: _____ ISSUED BY: _____



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125 SOUTH RIVERSIDE DRIVE SUITE # 205
WINAMAC, INDIANA 46996
PHONE (574) 946-6080
FAX (574) 946-6654

APPLICATION FOR CERTIFIED COPY OF BIRTH

WARNING FALSE APPLICATION, ALTERING, MUTILATING OR COUNTERFEITING INDIANA BIRTH CERTIFICATE IS A CRIMINAL OFFENCE UNDER IC 16-1-1-19-6. EFFECTICE JULY 1, 1988, **INDIANA LAW REQUIRES EACH APPLICANT TO SHOW AT LEAST ONE FORM OF IDENTIFICATION. IF SUBMITTING BY MAIL A XEROX COPY OF A VALID DRIVERS LICENSE WILL BE ACCEPTED AS INDENTIFICATION.**

HAS PERSON EVER BEEN ADOPTED? _____ IF YES GIVE ADOPTIVE NAME: _____

FULL NAME AT BIRTH: _____

(ADOPTIVE BIRTHS GIVE BIOLOGICAL BIRTH NAME IF KNOWN)

CITY OF _____

BIRTH: _____ COUNTY: **PULASKI**

DATE OF BIRTH: _____ CURRENT AGE: _____

FULL NAME OF FATHER: _____

FULL MAIDEN NAME OF MOTHER: _____

PURPOSE FOR WHICH RECORD IS TO BE USED: _____

(I.D., JOB, TRAVEL, SOCIAL SECURITY, ECT.)

YOUR RELATIONSHIP TO WHOSE RECORD IS REQUESTED: _____

=====

SIGNATURE: _____ DL# _____ EXP .DATE: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY,STATE,ZIP: _____

PAYMENT ACCEPTED: CASH, CHECK OR MONEY ORDERS. **(DEBIT AND CREDIT CARDS NOT ACCEPTED)**

BIRTH CERTIFICATE COST: **\$15.00 PER CERTIFICATE:** NUMBER NEEDED: _____

OFFICE USE ONLY:

CERTIFICATE NUMBER : _____

ISSUED BY : _____