

Pulaski County Health Department

Health Officer: Dr. Timothy R. Day

CERTIFIED COPY OF DEATH CERTIFICATE REQUEST FORM

EACH APPLICANT MUST SHOW AT LEAST ONE FORM OF IDENTIFICATION.
IF SUBMITTING OTHER THAN IN – PERSON, A COPY OF A VALID DRIVER LICENSE WILL BE ACCEPTED.
\$20 / CERTIFICATE PAYABLE BY CASH – CHECK – MONEY ORDER –CREDIT/DEBIT CARD
PAYMENTS MADE VIA CARD WILL INCLUDE 3% FEE

NAME OF DECEASED:

PLACE OF DEATH:

COUNTY:

DATE OF DEATH:

PURPOSE FOR WHICH RECORD IS TO BE USED: (IDENTIFICATION, JOB, TRAVEL, SOCIAL SECURITY, ETC.)

APPLICANT RELATIONSHIP TO INDIVIDUAL NAMED ON REQUESTED CERTIFICATE:

DRIVER LICENSE #

EXPIRATION DATE:

TELEPHONE #:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PRINTED NAME:

SIGNATURE:

DATE:

NUMBER OF COPIES REQUESTED:

THE BELOW INFORMATION IS TO BE FILLED OUT BY THE HEALTH DEPARTMENT

CERTIFICATE NO(S):

ISSUED BY:

PAYMENT:

CASH

CHECK #

MONEY ORDER #

CREDIT/DEBIT TX #

(574) 946 – 6080

(219) 567 – 2175

125 S Riverside Drive – Winamac, IN 46996

101 Constitution Drive – Francesville, IN 47946

www.in.gov/localhealth/pulaskicounty/