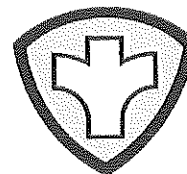


PULASKI COUNTY HEALTH DEPARTMENT
125 SOUTH RIVERSIDE DRIVE SUITE # 205
WINAMAC, INDAINA 46996
PHONE: (574) 946-6080



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)

=====

OFFICE USE ONLY:

DRIVERS LICENSE: _____ EXP. DATE: _____

DATE ISSUED: _____ ISSUED BY: _____