



**Public Health**  
Prevent. Promote. Protect.

# Putnam County Health Department

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[www.putnamhealthindiana.org](http://www.putnamhealthindiana.org)

## CERTIFICATE OF DEATH APPLICATION

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Purpose for record being requested: \_\_\_\_\_  
(Insurance, Attorney Request, Close Accounts, Vehicle Titles, etc.)

Full Name of Father: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

**Your** relationship to the person whose death record is requested: \_\_\_\_\_  
(Mother, Father, Biological Grandparent, Sister, Brother, Child/Grandchild, Attorney, Custodial Guardian)

Signature of Applicant: \_\_\_\_\_ Printed: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State Issued ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

### MAIL-IN REQUESTS:

Birth Certificate applications by mail **must be notarized**. Applications for GENEALOGY records do not need to be notarized

### TO BE COMPLETED BY A NOTARY PUBLIC.

ID Used: Valid Driver's License **OR** Valid State ID Card **OR** Valid Passport **OR** Valid Military ID Card  
(Circle ID Type Used for Identification)

Issued by, \_\_\_\_\_ with the identification number of \_\_\_\_\_  
(State or Government Agency Issuing the ID) (Identification # Printed on ID)

with expiration date of \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_

For Office Use Only

Date Received: \_\_\_\_\_ Quantity: \_\_\_\_\_ Death Certificate Number: \_\_\_\_\_

Clerk: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

07/2021