



# Putnam County Health Department

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

P.O. Box 507  
Greencastle, IN 46135  
Phone: (765)653-0203 Fax: (765)653-0208  
IN.gov/localhealth/putnamcounty

## CERTIFICATE OF DEATH APPLICATION

**Certified Death Certificates \$20/copy – Genealogy Record \$3/copy**

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:

Death 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: \_\_\_\_\_

09.2023