

SHELBY COUNTY HEALTH DEPARTMENT
20 W. POLK ST. SUITE 202
Shelbyville, IN 46176
317-392-6470

IF ORDERING BY MAIL PLEASE INCLUDE:

- ☐ Signature ID of person requesting this record
☐ \$20.00 for each death certificate requested

REQUEST FOR DEATH RECORD INFORMATION

Death Records begin 1882. No records prior to this date are available from this Health Department.

We have records for individuals who died in Shelby County, Indiana ONLY.

To be completed by individual making a request to: 1) Inspect vital records or record; 2) Obtain a certified copy of a vital record. In accordance with Indiana Code 16-37-1-8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and **COMPLETE ALL ITEMS.** IDENTIFICATION MAY BE REQUESTED. **NO PERSONAL CHECKS ACCEPTED.**

1. Full name of deceased:	
First	Middle Last
2. Date of Death:	3. Place of Death: (*Must have been in Shelby County, IN)
4. Your relationship to the deceased:	
5. Purpose for which record is to be used:	
6. Print your full name:	
7. Signature:	Date Requested:
8. Your Telephone numbers: Day _____ Cell: _____	
9. Your address: _____ Street City State Zip	
Certified Death Certificate: FEES: \$20.00 each Number of Copies Requested _____	

FOR LOCAL OFFICE USE ONLY

Filed _____
Book Number _____
Page Number _____
Entry Number _____
Date Issued _____

ID# _____
Drivers' License _____ State Issued ID _____
Military ID _____ School ID _____
Employment ID _____ Passport _____
Other _____

Cash Received \$ _____
Fee Due \$ _____
Cash Returned \$ _____