

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Cash Received \$ \_\_\_\_\_  
Fee Due \$ \_\_\_\_\_  
Cash Returned \$ \_\_\_\_\_