

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
- \$15.00 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: \$15.00 per copy Number of Copies Requested _____		

FOR LOCAL OFFICE USE ONLY

Filed _____	ID# _____
Book Number _____	Drivers' License _____ State Issued ID _____
Page Number _____	Military ID _____ School ID _____
Entry Number _____	Employment ID _____ Passport _____
Date Issued _____	Other _____

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