



**ST. JOSEPH COUNTY**  
DEPARTMENT OF HEALTH  
Prevent. Promote. Protect.

## APPLICATION FOR CERTIFIED DEATH CERTIFICATE

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH  
8<sup>TH</sup> FLOOR COUNTY-CITY BUILDING, 227 WEST JEFFERSON BOULEVARD  
SOUTH BEND, INDIANA 46601-1870  
PHONE: 574-235-9750 Option 3 FAX: 574-235-9960

### FORMS OF PAYMENT:

**IN-OFFICE REQUESTS:** Cash, Credit/Debit (Visa, MasterCard, Discover), Money Order/ Cashier's Check *(made payable to St. Joseph County Department of Health)*

**ON-LINE:** Visit [www.sjcindiana.gov](http://www.sjcindiana.gov) to pay with Visa, MasterCard, or Discover

**MAIL:** Money Order/ Cashier's Check *(made payable to St. Joseph County Department of Health)*

**NO PERSONAL CHECKS ACCEPTED**

**FAX:** Credit/Debit (Visa, MasterCard, Discover), must use credit card form.

For **UPS next day delivery**, please visit [www.VitalChek.com](http://www.VitalChek.com).

Date: \_\_\_\_\_

Transaction# / Auth #: \_\_\_\_\_

Amount: \_\_\_\_\_

Tender: \_\_\_\_\_

CHK Cash

**Number of copies: \_\_\_\_\_ \$20 for each certified (or uncertified) copy**

Office Use Only

**Is the record you are searching for prior to 1955? Yes \_\_\_\_\_ No \_\_\_\_\_**

**There is a separate search fee of \$10 (to be paid separately), for one to six names, for death records prior to 1955 if you do not have a book and page number.**

1. Full name of deceased: \_\_\_\_\_
2. Date of death (approx. if unknown): \_\_\_\_\_
3. Place of death (City or Hospital): \_\_\_\_\_
4. YOUR relationship to person on line 1: \_\_\_\_\_
5. **Signature of applicant:** \_\_\_\_\_
6. Mailing Address: \_\_\_\_\_
7. City, State, Zip: \_\_\_\_\_
8. Phone number: \_\_\_\_\_ Alternative number: \_\_\_\_\_

**➔ ➔ ➔ IDENTIFICATION IS REQUIRED FOR ALL COPIES. ⬅ ⬅ ⬅**

**PROOF OF RELATIONSHIP REQUIRED FOR CERTIFIED COPIES ONLY.**

**WARNING:** False application, altering, mutilating, or counterfeiting Indiana Death Certificates is a criminal offense under Indiana Code 16-37-1-12.