



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

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH
8TH FLOOR COUNTY 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 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

For **UPS next day delivery**, please visit www.VitalChek.com.

PLUS \$3 mail fee per request, if receiving by mail

Non-refundable/non-transferable charges: Once fees have been paid, they are non-refundable and non-transferable. We are not responsible for lost or undelivered mail.

Office Use Only

Date: _____ Transaction# / Auth #: _____
Amount: _____ Tender: CHG CHK Cash

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

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.