****

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transaction#\_\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_\_ Tender: CHG CHK Cash

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

8TH FLOOR COUNTY-CITY BUILDING, 227 WEST JEFFERSON BOULEVARD

SOUTH BEND, INDIANA 46601-1870

**PHONE:** 574-235-9639 - **FAX:** 574-235-9960

 **APPLICATION FOR CERTIFIED DEATH CERTIFICATE**

**Forms of Payment**

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

**ON-LINE:** Visit[**www.sjcindiana.com**](http://www.sjcindiana.com) 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**

 **UPS NEXT DAY DELIVERY:** Visit [**www.VitalChek.com**](http://www.VitalChek.com).

**Number of copies: \_\_\_\_\_\_\_ x $15.00 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 $7 (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.