**WASHINGTON COUNTY HEALTH DEPARTMENT IF ORDERING BY MAIL PLEASE INCLUDE:**

806 Martinsburg Road, Suite 100 A stamped, self-addressed envelope

Salem, IN 47167 Signature ID of person requesting this record

812-883-5603 $15.00 for each death certificate requested

[**www.washingtoncounty.in.gov**](http://www.washingtoncounty.in.gov)

**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 Washington 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 | |
| 1. Date of Death: | 1. Place of Death:   (\*Must have been in Washington County, IN) |
| 1. Your relationship to the deceased: | |
| 1. Purpose for which record is to be used: | |
| 1. Print your full name: | |
| 1. Signature: Date Requested: | |
| 1. Your Telephone numbers: Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Your address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_   Street City State Zip | |
| **Certified Death Certificate: FEES: $15.00 per copy Number of Copies Requested \_\_\_\_\_\_**  **Genealogy Page: FEES: $ 5.00 per copy Number of Copies Requested \_\_\_\_\_\_** | |

**FOR LOCAL OFFICE USE**

**Book \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Page \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Clerk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**