

Full name of Deceased:

Date of death:

PLEASE COMPLETE ALL ITEMS BELOW PRINT CLEARLY

Month

First

## **Vanderburgh County Health Department**

420 Mulberry Street Evansville, Indiana 47713-1231 Phone: (812) 435-5681 BIRTH Phone: (812) 435-5359 DEATH



E-mail: <u>vitalrecords@vanderburghcounty.in.gov</u> Web Page: <u>www.vanderburghcounty.in.gov/health</u>

Last

Year

## Application for a Death Certificate Identification Required (Driver's License, Military ID, Passport)

To obtain a certified copy of a death record, you must show you have a direct Interest in the record and need the record to determine personal or property rights. I.C. 16-37-1-8

Middle

Day

Place of death:	City	City County		County of Residence		
How are you related to the deceased?(provide proof of relationship)	Mother/Father	Brother/Sister	Spouse/Child	Grandparent	other	
Purpose for record to be used?						
Your Signature and <b>print your name</b>						
Your address	City		State	Zip		
Your telephone number				<u>.</u>	·	
Number of copies at \$18.00 each for in county residence. \$23.00 for out of Vanderburgh county residence.						
VANDERBURGH COUNTY OF THE ALT DEPARTME Prevent. Promote. Protect. Particular Processing Prevent. Promote Protect. Particular Processing Prevent.	Vanderburgh County Health Department 420 Mulberry Street Evansville, Indiana 47713-1231 Phone: (812) 435-5681 BIRTH Phone: (812) 435-5359 DEATH E-mail: vitalrecords@vanderburghcounty.in.gov Web Page: www.vanderburghcounty.in.gov/health			Public Health		
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Full name of First		Middle		Last		
Deceased:	N.A.c. in the	Davi		Year		
Date of death:	Month	Day				
Place of death:	City	County	County of Residence			
How are you related to the deceased?(provide proof of relationship)	Mother/Father	Brother/Sister	Spouse/Child	Grandparent	other	
Purpose for record to be used?						
Your Signature and print your name						
Your address			City	State	Zip	
Your telephone number						
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