

OHIO COUNTY HEALTH DEPARTMENT
APPLICATION FOR DEATH CERTIFICATE

FULL NAME AT DEATH: _____

PLACE OF DEATH: _____

DATE OF DEATH: _____

HOW ARE YOU RELATED TO THIS PERSON? _____

FOR WHAT PURPOSE IS RECORD TO BE USED? _____

SIGNATURE OF APPLICANT _____ PH # _____

ADDRESS OF APPLICANT _____

THE FEE FOR A DEATH CERTIFICATE IN OHIO COUNTY IS \$10.00 PER COPY. PLEASE RETURN THIS APPLICATION, WITH FEE AND ONE FORM OF IDENTIFICATION TO:

OHIO COUNTY HEALTH DEPARTMENT/VITAL RECORDS
P.O. BOX 166, 117 SIXTH STREET
RISING SUN, IN 47040
PH. 812-438-2551, FAX 812-438-4393

DEATH RECORDS FOR OHIO COUNTY COMMENCE WITH THE YEAR 1882. ONLY RECRDS OF INDIVIDUALS WHO DIED IN OHIO COUNTY ARE FOUND AT THIS OFFICE. PLEASE NOTE: PROVISIONS INCLUDED IN SENATE ENROLLED ACT 113, REQUIRE THAT THIS APPLICATION BE COMPLETED AND SIGNED BY APPLICANT.