



APPLICATION FOR A CERTIFIED COPY OF DEATH RECORD

THIS OFFICE HAS OHIO COUNTY RECORDS ONLY

Mail Copy of Valid State/Federal Photo ID, Self Addressed Stamped Envelope & Application to:

Ohio County Health Department, Attn: Vital Records, 117 Sixth St., Rising Sun, IN 47040

Name of Deceased:

Date of Death:

Place of Death:

Relationship to Deceased:

Name of Person making request:

\$22.00 (long form)
\$12.00 short form

Purpose for which record is to be used:

Applicant Information (Person applying for this certificate)

Name: _____

Address: _____

City/State/Zip: _____ Phone Number _____

I hereby swear and affirm the above statements are true and correct.

Signature of Applicant _____ Date: _____

Death Certificate

Quantity:

Price: \$22.00 Long Form
\$12.00 Short Form

Total Amount:

*****FOR OFFICE USE ONLY*****

DRIVER'S LICENSE # _____

EXPIRATION DATE: _____

STATE: _____

OTHER I.D.: _____

**Death Records for Ohio County commence with the year 1882. Only Records 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 the Applicant. **