



APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

Mail copy of valid state/federal photo ID (Driver's License must have the star), self-addressed stamped envelope, proper required documents that match criteria, and this application to: Ohio County Health Department Attn: Vital Records PO Box 166 Rising Sun, IN 47040. **Please read website overview for reprint eligibility.**

Name of Deceased:

Date of Death:

Place of Death:

Relationship to Deceased:

Name of Person Making Request:

Fee per Certified copy:

Purpose for which record is to be used:

\$22.00

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:** _____

Quantity: _____

Total Amount: \$ _____

FOR OFFICE USE ONLY

DRIVER'S LICENSE # _____

EXPIRATION DATE: _____ STATE: _____ OTHER I.D.: _____