

**CERTIFIED DEATH RECORD APPLICATION**

**Union County Health Department  
6 West South Street – Suite 2, Liberty, IN 47353  
765 458-5393 Fax 765 458-5582**

**Indiana law requires that all applications for certified copies of death certificates be made in writing. Please complete this application and return to us with the required fee, a stamped self addressed envelope and the required identification.**

**IDENTIFICATION REQUIRED (PHOTO COPY OF DRIVER'S LICENSE OR STATE ID)**

**WARNING: *False application, altering, mutilating or counterfeiting Indiana death certificates is a criminal offense under IC 16-37-1-12***

**Name Of Deceased** \_\_\_\_\_

**Date Of Death** \_\_\_\_\_

**Place Of Death** \_\_\_\_\_  
City County State

**Purpose For Which Record Is Requested** \_\_\_\_\_

**Relationship Of Applicant To Deceased** \_\_\_\_\_

\_\_\_\_\_  
**Signature Of Applicant**

\_\_\_\_\_  
**Printed Name Of Applicant**

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date Of Request**

\_\_\_\_\_  
**ID Requested**

**Certified Copies \$17.25 each**       **Certificates Requested** \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_  
**For UCHD Use**

\_\_\_\_\_  
**Volume    Page    Certificate Number    Date    Issued By    Amount Received    ID**