



**Public Health**  
Prevent. Promote. Protect.

Dearborn County Health Department

## DEARBORN COUNTY HEALTH DEPARTMENT APPLICATION FOR DEATH CERTIFICATE

**FULL NAME of DECEASED:** \_\_\_\_\_

**PLACE OF DEATH:** \_\_\_\_\_  
**(Hospital, City, Town or Rural)**

**DATE OF DEATH:** \_\_\_\_\_ **RELATIONSHIP TO DECEASED:** \_\_\_\_\_

\_\_\_\_\_  
Today's Date                      Signature of Applicant (Required)                      Print Name of Applicant

\_\_\_\_\_  
Phone Number                      Email Address

\_\_\_\_\_  
Street Address                      City, State, ZIP Code

The fee for a LONG form death certificate (available beginning in 2007) is \$22.00 per copy. The Long form includes additional personal information about the deceased. Some companies *do* require this form.

Number of Certificates Requested: LONG FORM \_\_\_\_\_

Please return this application, with appropriate fee **NO PERSONAL CHECKS** we accept Cash, Credit/Debit Card, Certified Check or Money Order to:

Dearborn County Health Department  
Vital Records  
165 Mary Street  
Lawrenceburg, IN 47025  
(812) 537-8826



DEATH RECORDS FOR DEARBORN COUNTY BEGIN WITH THE YEAR 1882.

DOCUMENTATION TO VERIFY RELATIONSHIP TO INDIVIDUAL IS NEEDED FOR DEATH CERTIFICATE ORDERS. (PER 410 IAC 18-3-1)

ONE FORM OF PRIMARY DOCUMENTATION IS A CURRENT DRIVER'S LICENSE. IF YOU DO NOT HAVE A PRIMARY DOCUMENTATION, TWO FORMS OF SECONDARY DOCUMENTATION ARE REQUIRED. PLEASE CALL IF YOU HAVE ANY QUESTIONS. (PER INDIANA CODE 16-37-1-10 & 11, 11.5C)

