



DEARBORN COUNTY HEALTH DEPARTMENT APPLICATION FOR DEATH CERTIFICATE

FULL NAME AT DEATH:

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 \$30.00 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
272 Bielby Rd.
Lawrenceburg, IN 47025
(812) 537-8826

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DEATH RECORDS FOR DEARBORN COUNTY BEGIN WITH THE YEAR 1882.
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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)