

SULLIVAN COUNTY

HEALTH DEPARTMENT

27 South Main Street
Sullivan, IN 47882

Telephone (812) 268-0224
Fax (812) 268-0423

Application for Certified Copy of Death

APPLICANT MUST SHOW PROOF OF IDENTIFICATION. MAIL ORDERS MUST BE ACCOMPANIED BY A PHOTOSTAT COPY OF DRIVERS LICENSE OR OTHER VALID IDENTIFICATION. NO DEATH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION.

PLEASE COMPLETE ALL ITEMS BELOW.

NAME AT DEATH: _____

DATE OF DEATH: _____

COUNTY OF DEATH: _____

PURPOSE FOR WHICH THIS RECORD IS TO BE USED: _____

YOUR RELATIONSHIP TO DECEASED: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

PLEASE INDICATE THE NUMBER OF COPIES REQUESTED: _____ (CERTIFIED COPY \$12 EACH)

NO PERSONAL CHECKS ACCEPTED. CASH OR MONEY ORDER ONLY.