

KOSCIUSKO COUNTY HEALTH DEPARTMENT

APPLICATION FOR DEATH CERTIFICATE

WARNING: False applications, altering, mutilating or counterfeiting an Indiana Death Certificate is a Criminal Offense under I.C. 16-1-19-6

NAME OF DECEASED _____

DATE OF DEATH _____ PLACE OF DEATH _____

NAME OF PERSON MAKING REQUEST _____

PURPOSE FOR CERTIFICATE _____

YOUR RELATIONSHIP TO PERSON _____

SIGNATURE OF APPLICANT _____

MAILING ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

PHONE NUMBER _____ NUMBER OF COPIES _____

Important please read

FEES: \$5.00 FOR EACH CERTIFIED COPY.

PLEASE INCLUDE PAYMENT (NO PERSONAL CHECKS – ONLY CASH, MONEY ORDER OR CERTIFIED CHECK) AND A COPY OF YOUR DRIVER'S LICENSE OR STATE ID WITH SIGNATURE FOR IDENTIFICATION.

ALSO, INCLUDE A STAMPED LEGAL SIZE ENVELOPE FOR RETURN DEATH CERTIFICATE.

**Mail to: KOSCIUSKO COUNTY HEALTH DEPARTMENT
100 WEST CENTER STREET - ROOM 318
WARSAW, INDIANA 46580**

Phone number 574-372-2349 OPEN Monday-Friday 8:00-4:30 (EST)

16-37-1-8: Indiana Vital Statistics law clearly requires that a health officer issue a certified copy only if he/she is satisfied the applicant has a direct interest in the matter recorded.

THIS SECTION FOR OFFICE USE ONLY

ID: _____ Cash _____

Searched By: _____ M.O. _____

Certificate No _____ Certified Check _____

Issued at the counter _____ Issued by mail _____

Today's date _____ Book # _____ Page _____ Roll _____ File date _____