

Application for Search and/or Certified Copy of Death Record

EACH CERTIFIED COPY OF DEATH CERTIFICATE IS \$12.00

EACH REQUESTED GENEALOGY COPY IS \$1.00

WE ACCEPT CASH, CHECK, MONEY ORDER AND CREDIT CARD PAYMENTS IN OFFICE.

ALL ONLINE ORDERS MUST GO THROUGH VITALCHEK.COM.

PUTNAM COUNTY HEALTH DEPARTMENT

1542 S. Bloomington St., Suite 1500
PO Box 507
Greencastle, IN 46135
PH: 765-658-2782 FAX: 765-658-2781
putnamhealthindiana.org.



Public Health
Prevent. Promote. Protect.

Please Complete All Items Below

Name of Deceased: _____

Date of Death: _____

Place of Death: City _____ County: _____

Full Name of Father: _____

Full Name of Mother: _____

Purpose for record being requested: _____
(Insurance, Attorney Request, Banking Accounts, Close Accounts, Vehicle Titles, etc.)

Your relationship to the person whose death record is requested: _____
(Mother, Father, Biological Grandparent, Sister, Brother, Child/Grandchild, Attorney, Custodial Guardian)

Signature of Applicant: _____

Mailing Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

**APPLICATIONS FOR GENEALOGY RECORDS DO NOT NEED TO BE NOTARIZED. INCLUDE COPY OF YOUR ID.
MAIL – IN – REQUEST
TO BE COMPLETED BY A NOTARY PUBLIC. INCLUDE COPY OF YOUR ID.**

ID Used: Valid Drivers License: _____ Valid State ID Card: _____ Valid Passport: _____

Valid Military ID Card: _____ Issued by, _____ with the identification number
(State or Government Agency Issuing the ID)
of _____, with expiration date of _____.
(Identification # Printed on ID)

Date: _____ Signature of Notary Public _____

My Commission Expires on: _____

For Office Use Only

Date Received: _____ Quantity: _____ Book/Page: _____

Local Death Number: _____ Date Death Was Filed: _____

Clerk: _____ Death Certificate Number: _____

Complete all items above and provide identification as required according to IC 16-37-1-7 & 8.