



Application for Certified Death Certificate

Montgomery County Records Only

Montgomery County Health Department

Fees: Walk-In Death Certificate \$10.00
 Mail-In Death Certificate \$10.00

***We accept Visa and Mastercard both at the window and online**
Please note that the company that processes the debit/credit cards
charges an additional \$1.50 on top of fees for certificates

WARNING : False applications, altering, mutilating, or counterfeiting Indiana Death Certificates is a criminal offense.

www.montgomeryco.net
 110 West South Boulevard
 Crawfordsville, Indiana 47933
 PHONE: 765-364-6440
 FAX: 765-361-3239

Instructions:

1. Please complete all items below by printing clearly
2. Proof of ID required (1 photo ID or 2 non photo ID items)
3. To obtain a certified copy of a Death record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC 16-37-1-8
4. **Mail-in certificates will require proof of relationship or direct interest as listed below as well as a copy of your driver's license to be submitted with this application**

Today's Date					
Full Name of Deceased at time of death			Veteran		Could this record be filed under another name
First	Middle	Last	Y	N	Y N <i>If so please write name below</i>
Place of Death: CITY		Date of Death:	Relationship to person on certificate:		
			Adult Child	Parent	Sibling
			Guardian	Grandparent	Spouse
Purpose for which record is to be used:		# Certificates Requested	Telephone Number:		
Name of Applicant			Address of Applicant		
Applicant City		Applicant State	Applicant Zip	Driver's License State and Number	

Please note that proof of direct interest must be provided to receive a certified copy of a death certificates. Examples of are:

Proof of relationship ensures that only those entitled to your information receive it

- (Spouse) Marriage License
- (Sibling) Copy of your own birth certificate
- (Guardian) Copy of guardianship papers
- (Grandparent) Copy of your child's birth certificate

I swear and affirm that the information provided above is true and correct

Signature of applicant

FOR ONLINE PAYMENTS ONLY PLEASE ENTER YOUR PAYMENT CONFIRMATION NUMBER

FOR OFFICE USE ONLY BELOW THIS LINE					
Date Received	Date Processed	Payment	Certificate Number	Initials	ID Checked