

REQUEST FOR CERTIFIED DEATH CERTIFICATE

Death Records begin 1882.

In accordance with Indiana Code 16-37-1-8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and **COMPLETE ALL ITEMS.** IDENTIFICATION MAY BE REQUESTED.

Number of Copies Requested _____ Fee: \$15.00 per copy.

Mail application and payment to: Dubois County Health Department
1187 S. Saint Charles St.
Jasper IN 47546
(812) 481-7050 Ext. 0

1. Full name Decedent _____

2. Date of Death _____ Place of Death _____

3. Your Relationship to Decedent _____

Your name (Please Print) _____ Date _____

Your signature _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____