

**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: \$12.00 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 \_\_\_\_\_