MARION COUNTY
HEALTH DEPARTMENT
making a difference

Office use only
Enclosed $_____
Cash _____
Check _____
Money order _____

Application for a Certified Death Certificate

Marion County Health Department
3838 North Rural Street
Indianapolis, IN 46205

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. I.C. 16-37-1-8.

Attach a photocopy of one piece of identification here:

Driver's license
Military ID
State ID
School ID or
Passport

Please complete all items below by printing clearly in black ink.

1. Full name of deceased: _____
   FIRST MIDDLE LAST
2. Date of death: Month _____ Day _____ Year _____
3. Place of death: City _____ County _____
4. How are you related to person in line #1? _____
5. Purpose for which record is to be used _____
6. Your signature _____
7. Your address _____ City _____ State _____ Zip _____
8. Your telephone number _____

Number of copies at $15 each _____

Checks or money orders should be made payable to: Marion County Health Department.

Do not send cash through the mail.

Form no. 0501 (Rev. 11/03)
© 2003 Marion County Health Department