



DAVIESS COUNTY HEALTH DEPARTMENT

303 East Hefron Street, Washington, Indiana 47501

Phone: (812) 254-8666 Fax: (812) 254-8643

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD (I. C. 16-37-1-7)

(Please Print or Type Clearly)

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Purpose for which record is requested \_\_\_\_\_

Reason for certifying cause of death \_\_\_\_\_

Signature of Requestor \_\_\_\_\_

Number of copies: \_\_\_\_\_ FEE: \$8.00 each (CASH OR MONEY ORDER ONLY - NO CHECKS!!!!)

NOTE: Identification is **REQUIRED**. Photocopy of driver's license is acceptable. (I. C. 16-37-1-8)

*OUR OFFICE HAS NO RECORDS BEFORE 1882 AND VERY FEW BEFORE 1907*