**INSTRUCTIONS TO OBTAIN A DEATH CERTIFICATE**

**ID REQUIREMENT (MUST HAVE WRITTEN SIGNATURE ON ID)**

**ONE (1) PHOTOCOPY FROM THE LIST BELOW:**

**ID CANNOT BE EXPIRED MORE THAN 1 YEAR**

* **D**river’s License
* **State ID Card**
* **Military ID**
* **Passport**

**ID MUST BE OF PERSON SIGNING THE APPLICATION**

**DEATH CERTIFICATES MAY BE OBTAINED BY:**

* **Parents**
* **Spouse**
* **Children over 18 years old**
* **Grandparents**
* **Siblings**
* **Direct descendents (certificate may not have social security number or cause of death)**
* **Non-relatives with legal purpose (certificate may not have social security number or cause of**

**death)**

**MUST BE ABLE TO PROVE RELATIONSHIP**

**FEE:**

**$10.00 PER COPY** – **Cash, money order or cashier**’s c**heck (made out to Vigo County Health Dept)**

**NO PERSONAL CHECKS OR CREDIT/DEBIT CARDS**

**Application Hours:**

**8:15 am until 3:15 pm (Monday thru Friday, closed holidays).**

**By mail: Application, ID, self-addressed stamped envelope and fee to:**

**Vigo County Health Department**

**Vital Statistics 171 Oak Street**

**Terre Haute, IN 47807**

**If you have questions, please call Vital Statistics at (812)-462-3442**

**APPLICATION FOR SEARCH AND CERTIFIED COPY OF DEATH RECORD**

**Vigo County Health Department**

RECEIVED VOL \_\_\_\_\_\_\_

COST PAGE\_\_\_\_\_\_\_\_

CHANGE

INITIALS COPIES

RECEIPT NUMBER

**DO NOT WRITE ABOVE THIS LINE**

WARNING: False application, altering, mutilating, or counterfeiting Indiana death certificates is a CRIMINAL OFFENSE under IC 16-1-19-6. In accordance with Indiana Code 16-37-1-8, the following information is required to obtain a certified copy of any vital record.Please read this application thoroughly and complete all items. A search or inspection fee will be charged.

**INFORMATION MUST BE LEGIBLE! MUST HAVE PASSED AWAY IN VIGO COUNTY**

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

**DATE OF DEATH** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City County Indiana**

**For Genealogy Purposes ONLY Please List:**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your relationship to person whose record you are requesting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_