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)

- Driver'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)

FEE:

\$10.00 PER COPY – Cash, money order or cashier's check (made out to Vigo County Health Dept)

(NO PERSONAL CHECKS OR CREDIT/DEBIT CARDS)

In person – 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 <u>DEATH RECORD</u> Vigo County Health Department

RECEIVED	VOL		
COST			
CHANGE			
INITIALS	COPIES	5	
RECEIPT NUMBER			
DO NOT WRITE ABOVE THIS LINE			
DO NOT WR	TIE ADOVE THIS LINE		
WARNING: False application, altering, mutilating, or counder IC 16-1-19-6. In accordance with Indiana Code 16 copy of any vital record.			
Please read this application thoroughly and complete all A search or inspection fee will be charged.	<u>items</u> .		
Name of Deceased:			
Date of Death:			
Place of Death:			
City	County		State
Your relationship to person whose record	d you are requesting:		
	-		
Purpose for which record is to be used: _			
Your name (please print):			
Your signature:			
Phone number:			
Address:			
Street	City	State	Zip