

REQUEST FOR CERTIFIED DEATH CERTIFICATE

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7. Requests without proper identification will not be processed. Please complete ALL items below as required pursuant to IC 16-37-1-10 (a).

You **MUST** include the following if you mail this request:

- *Money Order or Credit Card for payment (personal checks not accepted)
- *Copy of your ID (valid driver's license or Government issued ID)
- *Self addressed, stamped envelope

FULL NAME OF PERSON ON CERTIFICATE _____

DATE OF DEATH _____ PLACE OF DEATH _____

YOUR FULL NAME _____

YOUR RELATIONSHIP TO PERSON NAMED ON CERTIFICATE _____

(You must show that you have a direct interest in the record and need the record to determine personal or property rights.)

PURPOSE FOR WHICH CERTIFICATE IS REQUESTED _____

YOUR TELEPHONE # _____ YOUR EMAIL _____

NUMBER OF CERTIFICATES REQUESTED _____ (\$15.00 FOR FIRST CERTIFICATE, \$10.00 EACH ADDITIONAL CERTIFICATE PER ORDER) Personal checks are not accepted.

**Mail Request to: Warrick County Health Department
107 W. Locust St. Suite 204
Boonville, IN 47601
Telephone: 812-897-6105 Ext. 1 or 6**

Visa – Master Card – Discover

Name _____

Mailing Address _____

Telephone Number (include area code) _____

Credit Card Number _____

Three Digit Security Code _____

Expiration Date _____

**A \$3.00 convenience fee is added if death certificate charged to credit card

**To protect your credit card information this document is shredded when transaction is complete

**To order by email please call for instructions