



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: \$10.00 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