

REQUEST FOR CERTIFIED DEATH CERTIFICATE

Death Records begin 1882.

In accordance with Indiana Code 16-37-1-8 the following information is required for inspection or to obtain a certified copy of any vital record. Please read this application thoroughly and **COMPLETE ALL ITEMS**.

COPY OF PHOTO IDENTIFICATION WILL BE REQUIRED (Driver's license or other photo ID.)

Number of copies requested? _____ Fee: \$15.00 per copy.

Mail application, copy of photo identification and money order to:

**Posey County Health Department
126 East Third Street Rm 20
Mt. Vernon IN 47620
(812) 838-1328**

1. Full name Decedent _____

2. Date of Death _____ Place of Death _____

3. Your Relationship to Decedent _____

Your name (Please Print) _____ Date _____

Your signature _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____