

CERTIFIED DEATH RECORD APPLICATION

**Union County Health Department
6 West South Street – Suite 2, Liberty, IN 47353
765 458-5393 Fax 765 458-5582**

Indiana law requires that all applications for certified copies of death certificates be made in writing. Please complete this application and return to us with the required fee, a stamped self addressed envelope and the required identification.

IDENTIFICATION REQUIRED (PHOTO COPY OF DRIVER'S LICENSE OR STATE ID)

WARNING: *False application, altering, mutilating or counterfeiting Indiana death certificates is a criminal offense under IC 16-37-1-12*

Name Of Deceased _____

Date Of Death _____

Place Of Death _____
City County State

Purpose For Which Record Is Requested _____

Relationship Of Applicant To Deceased _____

Signature Of Applicant

Printed Name Of Applicant

Street City State Zip

Telephone Number

Date Of Request

ID Requested

Certified Copies \$6.75 each **X** **Certificates Requested** _____ = \$ _____
Non-Certified Copies \$2.00 each **X** **Certificates Requested** _____ = \$ _____

For UCHD Use

Volume Page Certificate Number Date Issued By Amount Received ID