



# Hendricks County Death Certificate Application



**IDENTIFICATION IS REQUIRED** per IC 16-37-1-7. Please present your driver's license or state ID and the driver's license or state ID for signatory to any checks submitted for payment. Mailed applications may be sent with a photocopy of all identification for the applicant and the check signatory to Hendricks County Health Department, 355 South Washington St. #210, Danville, IN 46122. Call (317) 718-6022 with any questions.

**Full name at death:** \_\_\_\_\_ **Date of death:** \_\_\_\_\_

**Was this a stillbirth or fetal death?**      **YES**      **NO**

**Place of death (if residence, give address):** \_\_\_\_\_

**Mother's full maiden name:** \_\_\_\_\_

**Father's full name:** \_\_\_\_\_

**Applicant's relationship to this person:**    **SPOUSE**      **PARENT**      **CHILD**      **SIBLING**  
**GRANDCHILD**    **AUNT/UNCLE**      **ATTORNEY**      **OTHER:** \_\_\_\_\_

**Purpose for which record will be used:**    **INSURANCE**      **ESTATE SETTLEMENT**  
**PERSONAL RECORD**      **OTHER:** \_\_\_\_\_

**Applicant's mailing address:** \_\_\_\_\_

**Applicant's daytime phone number:** \_\_\_\_\_

**Applicant's driver's license or ID number and expiration date:** \_\_\_\_\_

**If alternate identification is being used, at least two forms should be presented. Please state which alternate forms of identification are being used:**  
\_\_\_\_\_  
\_\_\_\_\_

Please select the number of each record to be purchased. Certified death certificates are \$10.00 each and are payable by cash, check, or money order.

**Number of Certified Death Certificates:** \_\_\_\_\_

**Printed name of applicant:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><u>Payment Information</u></b>	<b><u>Issuance Information</u></b>
<b>Amount:</b> \$ _____ <b>Receipt #:</b> _____	<b>Date received:</b> _____
<b>Form of payment:</b> Cash    Check    Money Order	<b>Date mailed to applicant:</b> _____
<b>Check or money order #:</b> _____	<b>Issued by:</b> _____