

# Hendricks County Death Certificate Application

Send completed application, copy of applicant's photo ID, and payment to:

Hendricks County Health Department  
355 S Washington St Ste G30, Danville, IN 46122  
Phone (317) 718-6022



**Public Health**  
Prevent. Promote. Protect.

Hendricks County Health Department

**\*WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE\***

Full name at death: _____	Date of death: _____
Was this a stillbirth or fetal death?    YES    NO	
Place of death (if residence, give address): _____	
Decedent's Mother's full <b>maiden</b> name: _____	
Decedent's Father's full name: _____	
Relationship to decedent:    SPOUSE    PARENT    CHILD    OTHER: _____	
Applicant's mailing address: _____	
Applicant's email address: _____	
Applicant's phone number: _____	
Applicant's driver's license or ID number and expiration date (application will not be processed without a copy): _____	
If alternate identification is being used, at least <b>two</b> forms should be presented.	

**Identification is required per IC 16-37-1-7 & 8.**

We accept cash, check, money order or credit/debit cards (fee applies when paying by card).  
Checks/Money Orders can be made out to HCHD.

**Please select the quantity of the record (s) to be purchased.**

Number of Certified Death Certificates: \_\_\_\_\_ \$15.00 each

Applicant's Printed name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Payment Information – For Office Use</u>	<u>Issuance Information</u>
Amount: \$ _____ Receipt #: _____	Date request received: _____
Form of payment: Cash    Check    Money Order    Credit/Debit	Date mailed to applicant: _____
Check or money order #: _____	Issued by: _____
Death certificate paper #: _____	