

Hendricks County Death Certificate Application

Send completed application with 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

IDENTIFICATION IS REQUIRED per IC 16-37-1-8. 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.

USE BLACK INK ONLY

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 maiden name: _____
Decedent's Father's full name: _____
Relationship to decedent: 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 email address: _____
Applicant's 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 select the quantity of the record(s) to be purchased. We accept cash, check, money order or credit/debit cards (fee applies to credit/debit). Make check/money orders payable to Hendricks County Health Department or HCHD.

Number of Certified Death Certificates: _____ \$15.00 each

Applicant's Printed name: _____

Applicant's Signature: _____ Date: _____

If paying with credit/debit card, a service charge applies. Please include a copy of the front and back of the credit/debit card, a copy of the card holder's ID and card holder's ADDRESS AND PHONE NUMBER.

<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 # _____	