

# 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**

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|--|
| 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 SIBLING GRANDCHILD<br>AUNT/UNCLE ATTORNEY OTHER: _____ |
| Purpose for which record will be used: INSURANCE ESTATE SETTLEMENT<br>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 # _____                      |                                 |