

# 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 **maiden** 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 **two** 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: \_\_\_\_\_

## Payment Information – For Office Use

Amount: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Form of payment: Cash    Check    Money Order    Credit/Debit

Check or money order #: \_\_\_\_\_

Death certificate paper # \_\_\_\_\_

## Issuance Information

Date request received: \_\_\_\_\_

Date mailed to applicant: \_\_\_\_\_

Issued by: \_\_\_\_\_