



### Death Certificate Application

**Certified Death Certificate fee is \$15.00 per copy.**

You MUST provide the following with completed application before a certified copy is issued:

**-Copy of your photo ID with signature** such as a driver's license, State/Military ID, or Passport.

**-Payment methods accepted:** Cash, Check, or Money Order; do not send cash through mail.

Make check or money order payable to the Warren County Health Department.

***Fees are subject to change. Please verify current fees directly with the Health Department.***

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

County of death: \_\_\_\_\_

Name of requestor: \_\_\_\_\_

Your relationship to deceased: \_\_\_\_\_

Purpose for which record is requested: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Warren County Health Department

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