

Application for Search and/or Certified Copy of Death Record

EACH CERTIFIED COPY OF DEATH CERTIFICATE IS \$12.00

EACH REQUESTED GENEALOGY COPY IS \$3.00

WE ACCEPT CASH, CHECK, MONEY ORDER AND CREDIT CARD PAYMENTS IN OFFICE.

ALL ONLINE ORDERS MUST GO THROUGH VITALCHEK.COM.

PUTNAM COUNTY HEALTH DEPARTMENT

1542 S. Bloomington St., Suite 1500
PO Box 507
Greencastle, IN 46135
PH: 765-301-7660 FAX: 765-301-7665
putnamhealthindiana.org.



Public Health
Prevent. Promote. Protect.

Please Complete All Items Below

Name of Deceased: _____

Date of Death: _____ Purpose for record being requested: _____
(Insurance, Attorney Request, Close Accounts, Vehicle Titles, etc.)

Full Name of Father: _____

Full Name of Mother: _____

Your relationship to the person whose death record is requested: _____
(Mother, Father, Biological Grandparent, Sister, Brother, Child/Grandchild, Attorney, Custodial Guardian)

Signature of Applicant: _____ Printed: _____

Address: _____
Street City State Zip

State Issued ID Number: _____ Phone: _____

~~APPLICATIONS FOR GENEALOGY RECORDS DO NOT NEED TO BE NOTARIZED.
CERTIFIED COPY MAIL IN REQUEST
TO BE COMPLETED BY A NOTARY PUBLIC.~~

~~ID Used: Valid Drivers License OR Valid State ID Card OR Valid Passport OR Valid Military ID Card
(Circle ID Type Used for Identification)~~

~~Issued by: _____ with the identification number of _____
(State or Government Agency Issuing the ID) (Identification # Printed on ID)~~

~~with expiration date of _____ Date~~

~~Signature of Notary Public _____ My Commission Expires on: _____~~

**NOTARY IS NOT REQUIRED AT
THIS TIME**

March 2, 2020 thru May 29, 2020

For Office Use Only		
Date Received: _____	Quantity: _____	Death Certificate Number: _____
Clerk: _____	Receipt Number: _____	

07/2018

Complete all items above and provide identification as required according to IC 16-37-1-7 & 8.