

**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: 765-658-2782 FAX: 765-658-2781  
putnamhealthindiana.org.



**Public Health**  
Prevent. Promote. Protect.

**Please Complete All Items Below**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: City \_\_\_\_\_ County: \_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_

Purpose for record being requested: \_\_\_\_\_  
(Insurance, Attorney Request, Banking Accounts, Close Accounts, Vehicle Titles, etc.)

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

Signature of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**APPLICATIONS FOR GENEALOGY RECORDS DO NOT NEED TO BE NOTARIZED. INCLUDE COPY OF YOUR ID.**  
**MAIL – IN – REQUEST**  
**TO BE COMPLETED BY A NOTARY PUBLIC. INCLUDE COPY OF YOUR ID.**

ID Used: Valid Drivers License: \_\_\_\_\_ Valid State ID Card: \_\_\_\_\_ Valid Passport: \_\_\_\_\_

Valid Military ID Card: \_\_\_\_\_ Issued by, \_\_\_\_\_ with the identification number  
(State or Government Agency Issuing the ID)  
of \_\_\_\_\_, with expiration date of \_\_\_\_\_  
(Identification # Printed on ID)

Date: \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_ Quantity: \_\_\_\_\_ Book/Page: \_\_\_\_\_

Local Death Number: \_\_\_\_\_ Date Death Was Filed: \_\_\_\_\_

Clerk: \_\_\_\_\_ Death Certificate Number: \_\_\_\_\_

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