APPLICATION FOR A CERTIFIED DEATH CERTIFICATE BY MAIL

This form is not needed for in-person purchase at the walk-in office

Vital Records – Mail Service
Marion County Public Health Department
3838 North Rural Street
Indianapolis, Indiana 46205-2930

MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

Dear Applicant:

The person you are requesting a Certified Death Certificate for must have died in Marion County, Indiana for our office to provide this mail service for you. If the person died in another county in Indiana, you may contact the local health department where the death occurred or contact the Indiana State Department of Health/Vital Records to receive the Certified Death Certificate. If the person died outside of Indiana, you will need to contact officials in that jurisdiction for assistance.

To obtain a Certified Death Certificate, you must show you have a direct interest in the record and need the record to determine personal or property rights (IC 16-37-1-8). Please answer each question below and attach a *clear* copy of one **current/valid** identification (ID) for yourself. Acceptable ID includes: Driver's License, State ID, Passport, US Passport Card, Military, or school (with current dates on it, or if no date on ID, school ID with current semester schedule/enrollment papers with dates).

1. Full name of deceased: FIRST_____ MIDDLE_____ LAST_____

2. Date-of-Death: MONTH_____ DAY_____ YEAR_____

3. Location of death: CITY/TOWN_____ COUNTY Marion* STATE IN* **Must have been in Marion County, IN*

4. What is your relationship to the person in line #1? _____

5. Was this record changed after it was filed with the health department? ☐ Yes ☐ No

6. For what purpose is this record to be used? _____

7. **Mail to:** PRINT YOUR FULL NAME_____ YOUR SIGNATURE_____

8. **Mail to:** ADDRESS_____ CITY_____ STATE____ ZIP_____

9. Your telephone numbers: DAY_____ EVENING_____ CELL_____

Ty e of Death Certificate	Quantity	Price	Total mount
Certified		$20.00 each	$
Certified in Plastic Sleeve		$22.00 each	$
Non-Certified 1952- Present		$ 0.25 each	$
Non-Certified prior to 1952		$10.00 each	$
Grand Total			**$**

Please **send to the address at the top of this page and include** the following with your completed application:
- ✓ A *clear* copy of your own ID from the list above
- ✓ A check or money order payable to Marion County Public Health Department (no cash)

Sincerely,
Vital Records Staff