

**APPLICATION FOR SEARCH & CERTIFIED COPY  
OF DEATH CERTIFICATE**



DATE: \_\_\_\_\_

FULL NAME AT DEATH: \_\_\_\_\_

PLACE OF DEATH: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

COMPLETE DATE OF DEATH: (m/d/yr) \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

FUNERAL DIRECTOR: (please check)

ADAMS F.H. \_\_\_\_\_ BORDEN MORT. \_\_\_\_\_ COLLINS F.H. \_\_\_\_\_ GRAYSON F.H. \_\_\_\_\_

HOAGLAND F.S. \_\_\_\_\_ MORGAN & NAY \_\_\_\_\_ OTHER: \_\_\_\_\_

FEES :

\$15.00 PER COPY (INCLUDES SEARCH AND (1) CERTIFIED COPY, IF FOUND

\$15.00 EACH ADDITIONAL COPY OF SAME RECORD ISSUED

TOTAL CERTIFICATES ISSUED \_\_\_\_\_ TOTAL FEES \$ \_\_\_\_\_

(WE CAN ONLY ACCEPT CHECKS WRITTEN ON LOCAL BANKS.)

**SCOTT COUNTY HEALTH DEPARTMENT**

**1471 NORTH GARDNER STREET**

**SCOTTSBURG, IN 47170**

**812-752-8455**