

CLAY COUNTY HEALTH DEPARTMENT  
18 N. WALNUT STREET  
BRAZIL, IN 47834

PLEASE COMPLETE  
ALL ITEMS BELOW

PHONE: (812) 448-9021 Fax: (812) 448-9018

APPLICATION FOR CERTIFIED COPY OF DEATH

NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

PLACE OF DEATH \_\_\_\_\_

PURPOSE FOR WHICH RECORD IS REQUESTED \_\_\_\_\_

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

SIGNATURE OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ TOTAL CERTIFICATES \_\_\_\_\_

APPLICANT MUST SHOW PROOF OF IDENTIFICATION (COPY OF DRIVERS  
LICENSE ETC.)

FEES: \$10.00 PER COPY. NO PERSONAL CHECKS ACCEPTED, MONEY  
ORDERS OR CASH ONLY.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR  
COUNTERFEITING INDIANA DEATH CERTIFICATES IS A CRIMINAL  
OFFENSE UNDER INDIANA CODE 16-1-19-6.

\*\*\*\*\*

FOR OFFICE USE ONLY

BOOK \_\_\_\_\_

PAGE \_\_\_\_\_

YOUR FEE OF \$ \_\_\_\_\_ WAS  
RECEIVED AND IS BEING HELD  
PENDING THE RETURN OF INFORMATION  
REQUESTED ABOVE.  
PLEASE REMIT ADDITIONAL FEE OF \_\_\_\_\_