

APPLICATION FOR DEATH CERTIFICATES

DATE _____

CERTIFIED COPIES ARE \$7.00 EACH

Name of deceased _____

Date of Death _____

Place of Death _____

Name of Requester _____

Address _____

Relationship of Requester _____

Purpose for Record Requested _____

Signature of Requester _____

Number of Copies _____

BOOK _____ **PAGE** _____

WE HAVE NO RECORDS OF DEATHS OCCURRING OUTSIDE OF HANCOCK COUNTY.

Mail To: Hancock County Health Department
111 American Legion Place, Room #150
Greenfield, IN 46140