

RECEIPT# _____

CLARK COUNTY HEALTH DEPARTMENT

1320 Duncan Ave.
Jeffersonville, IN 47130
Phone # (812) 284-6609

APPLICATION FOR CERTIFIED CERTIFICATE OF DEATH

NAME OF DECEASED:

DATE OF DEATH:

(If exact date of death is not known, please indicate within five (5)
years you wish us to search.)

PLACE OF DEATH (city) _____

PURPOSE FOR WHICH RECORD IS TO BE USED: _____

YOUR RELATIONSHIP TO THE DECEASE: _____

SIGNATURE OF APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF COPIES REQUESTED (\$13.00 each): _____
(check, cash or money order only)

AMOUNT ENCLOSED: _____

IF APPLYING BY MAIL, PLEASE INCLUDE A SELF-ADDRESSED, STAMPED
ENVELOPE.

Date Issued: _____

Issued by: _____

Certificate #: _____