

## LAWRENCE COUNTY DEATH CERTIFICATE APPLICATION

When mailing application, be sure it is **completely filled out** and notarized, and **include payment** (\$15 each by money order or cashier's check – NO personal checks), **copy of ID & supporting documents** and **self-addressed, stamped envelope** to:

Lawrence County Health Department  
2419 Mitchell Road  
Bedford, Indiana 47421

For more information, contact the Vital Records Registrar at 812-275-3234, ext. 2610 or 2612.

Identification is required per IC 16-37-1-7.

**Record of death**

10/27/2020

<b>Full name at time of death</b>	<b>Age</b>	<b>Date of Death</b>
	<b>Sex</b>	
<b>Place of death</b> (If residence, give address)		
<b>Full Name of parent</b> (include maiden name)	<b>Full name of parent</b> (include maiden name)	

### Personal Information of Person who is requesting certificate

<b>Your printed name</b> (name of person applying and providing ID for record to be issued):		<b>Date:</b>
<b>Signature:</b>	<b># of copies ordered:</b>	<b>\$15.00 certified copy</b> \$5.00 Genealogy sheet (Date of death must be over 75 years ago, not a legal document)
<b>Purpose for which the record will be used:</b> (ex. Medical/Ins, Estate Settlement, Bank, Property transfer, etc.)		
<b>Were you informant, spouse or parent on the record?</b> If not include documents proving relationship and/or legal purpose for requesting record. <b>I have included the following documents:</b>		
<b>Address</b> (number and street, city, state, and zip code)	<b>Daytime phone number:</b>	<b>Email:</b>
<b>10. Relationship of applicant to person named on certificate:</b> (Check appropriate box) <i>Please read required documents listed in blue</i> <input type="checkbox"/> Spouse of person named on the record (include documents proving legal reason for needing the record) <input type="checkbox"/> Parent(s) of person named on the record (include documents proving legal reason for needing the record) <input type="checkbox"/> Grandparent(s) of person named on the record. (Include a photocopy of your child's birth certificate or the obituary to prove relationship + documents proving legal reason for needing the record) <input type="checkbox"/> Sibling, 18 or older, of person on the record, (Include a copy of your own birth certificate or the obituary to prove relationship + documents proving legal reason for needing the record) <input type="checkbox"/> Adult child of the person named on the record. (Include photocopy of your own birth certificate or the obituary to prove relationship + documents proving legal reason for needing the record) <input type="checkbox"/> Other (include documents proving legal reason for needing the record + document showing your legal right to record, ie beneficiary, executor, etc.)		

**Do not fill out below if applying in person at the office**

### Affidavit of Person Requesting Record of Death (below is signed in front of notary & notarized if applying by mail)

After having been duly sworn, I declare that I have requested the above record or Death and have submitted the evidence listed and further, that I have reviewed the above information and find the same in all respects true and correct.	
<b>Signature:</b>	<b>Relationship</b> (Self, Parent if under 18):
<b>Address</b> (number and street, city, state, and zip code)	
<b>Identification presented:</b> ___ Valid Driver's License, ___ Valid State ID Card, ___ Valid Passport, ___ Valid Military ID, (check one) issued by _____, with the ID number of _____ expiring _____.	
<b>State of:</b> _____	
<b>Subscribed and sworn to before me on</b> (month, day, year) _____	
<b>County of:</b> _____	
<b>My commission expires</b> (month, day, year):	<b>Signature of notary public:</b>

### THE SPACE BELOW WILL BE COMPLETED BY THE LAWRENCE COUNTY HEALTH DEPARTMENT

<b>Number of certified Death certificates requested</b>	<b>Date Received:</b>	<b>Date Mailed:</b>
<b>Form of payment:</b>	<b>Issued by:</b>	
<b>SASE</b>	<b>Notes:</b>	