

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) _____

YOUR NAME: _____ RELATIONSHIP TO DECEASED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YOUR SIGNATURE: _____

FUNERAL DIRECTOR: (please check)

ADAMS F.H. _____ BORDEN MORT. _____ BUCHANAN F.H. _____ COLLINS F.H. _____

GRAYSON F.H. _____ HOAGLAND F.S. _____ MORGAN & NAY F.H. _____

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
1296 NORTH GARDNER STREET
SCOTTSBURG, IN 47170
812-752-8455