



## **APPLICATION FOR A CERTIFIED DEATH CERTIFICATE**

**HOWARD COUNTY HEALTH DEPARTMENT**  
120 E MULBERRY ST, ROOM #209, KOKOMO, IN 46901  
PHONE: (765) 456-2927      PHONE: (765) 456-2400

### **COMPLETE ALL ITEMS**



**VALID ID REQUIRED**

Photo Copy – Drivers License or State I.D.

1. Full name of deceased: \_\_\_\_\_
2. Date of death: \_\_\_\_\_
3. Place of death : \_\_\_\_\_
4. How are you related to the deceased? \_\_\_\_\_
5. What is the certificate to be used for? \_\_\_\_\_
6. Printed name of applicant: \_\_\_\_\_
7. **Signature of applicant:** \_\_\_\_\_
8. Mailing address: \_\_\_\_\_
9. City, State, Zip: \_\_\_\_\_
10. Phone number: \_\_\_\_\_      10. Date: \_\_\_\_\_

**Fee:**

Certified Death Certificates \_\_\_\_\_ X \$10.00 each

**CASH ONLY IN OFFICE**

**APPLYING BY MAIL - Enclose a self addressed stamped envelope.**

**Money Order or Cashier's Check Only (made payable to Howard Co Health Dept)**

**WARNING: The health officer is satisfied that the applicant has a direct interest in the matter and necessary for the determination of personal or property rights or for compliance with state or federal law under Indiana Code 16-37-1-8.**