



## 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



### IDENTIFICATION REQUIRED

Photo Copy – Drivers License or State I.D.

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