

APPLICATION FOR A CERTIFIED COPY OF DEATH RECORD
THIS OFFICE HAS HUNTINGTON COUNTY RECORDS ONLY

Mail Copy of Valid State/Federal Photo ID, Self Addressed Stamped Envelope & Application to:
 Huntington County Health Department, Attn: Vital Records, 1330 South Jefferson St., Huntington IN 46750

Name of Deceased:	Date of Death:
Place of Death:	
Name of Person making request:	Relationship to Deceased:
Purpose for which record is to be used:	

Applicant Information (Person applying for this certificate)

Name: _____
 Address: _____
 City/State/Zip: _____ Phone Number _____

I hereby swear and affirm the above statements are true and correct.

Signature of Applicant _____ **Date:** _____

Death Certificate	Quantity	Price	Total Amount
		\$10 Each	

*****FOR OFFICE USE ONLY*****

DRIVER'S LICENSE # _____
 EXPIRATION DATE: _____ STATE: _____ OTHER I.D.: _____