



**KOSCIUSKO COUNTY HEALTH  
DEPARTMENT  
APPLICATION FOR DEATH CERTIFICATE**

**\*DEATH MUST HAVE OCCURRED IN KOSCIUSKO COUNTY\***

**WARNING:** False applications, altering, mutilating or counterfeiting an Indiana Death Certificate is a Criminal Offense under I.C. 16-1-19-6

NAME OF DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_

NAME OF PERSON MAKING REQUEST \_\_\_\_\_

FOR WHAT PURPOSE IS THIS RECORD TO BE USED? \_\_\_\_\_

YOUR RELATIONSHIP TO PERSON \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NUMBER OF CERTIFIED COPIES \_\_\_\_\_

NON-CERTIFIED COPIES \_\_\_\_\_

**REQUIRED:**

- ✓ ***FEES: \$5.00 FOR EACH CERTIFIED OR NON-CERTIFIED COPY. NO PERSONAL CHECKS - ONLY CASH, MONEY ORDER OR CERTIFIED CHECK.***
- ✓ ***COPY OF YOUR CURRENT VALID DRIVER'S LICENSE OR STATE ID WITH SIGNATURE***
- ✓ ***ALSO, INCLUDE A STAMPED LEGAL SIZE ENVELOPE FOR RETURN DEATH CERTIFICATE.***

**Mail to: KOSCIUSKO COUNTY HEALTH DEPARTMENT  
100 WEST CENTER STREET - ROOM 318  
WARSAW, INDIANA 46580**

**Phone number 574-372-2349 OPEN Monday-Friday 8:00-4:30 (EST)**

**16-37-1-8: Indiana Vital Statistics law clearly requires that a health officer issue a certified copy only if he/she is satisfied the applicant has a direct interest in the matter recorded.**

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**THIS SECTION FOR OFFICE USE ONLY**

ID: \_\_\_\_\_ Cash \_\_\_\_\_

Searched By: \_\_\_\_\_ M.O. \_\_\_\_\_

Certificate No \_\_\_\_\_ Certified Check \_\_\_\_\_

Issued at the counter \_\_\_\_\_ Issued by mail \_\_\_\_\_

Today's date \_\_\_\_\_ Book # \_\_\_\_\_ Page \_\_\_\_\_ Roll \_\_\_\_\_ File date \_\_\_\_\_