

Knox County Health Department

328 N. 2nd Street Suite 100 Vincennes, Indiana 47591 812-882-8080 option 2 - Vital Records

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Application For Certified Copy of Death Certificate

In accordance with Indiana Code 16-37: Article 37, requests for death certificates must include all information listed below. A permanent record of this request must be kept on file with the Health Department

Full Name of Deceased:			
	First	Middle	Last
Date of Death:			
	Month	Day	Year
City of Death:		County of Death:	
Guardian/Fathers Name:			
Guardiany rathers Name.	First	Middle	Last
Guardian/Mothers Name:	First	Middle	Maiden/Last
	THSC	Widdle	Waldeny Last
Reason for Request:			
Relationship to the Deceased:			
Number of Copies Requested:			
	Requestor	Information (required)	
Requestor Name:	•	, i ,	
	First	Middle	Last
Contact Phone Number: Current Address:			
City, State, Zip Code:			
Requesting Date:			
	his to the descendent individual	a second and second has been been been	Contified convert
	hip to the deceased individual not be issued until approprite r		• •
-	the ability to print death certifi	-	•
Certificate fee of of \$18.00,	per copy, must be paid before		accept cash, check
	MO, and all major c		-:
Genealogy Certificates are	Name on Card:	ard Payment Information for m	all in applications only
\$12.00 each. The individual	Card Number:		
must be deceased for 75	Expiration Date:	CVV:	
years to qualify	p		