

# Certified Death Certificate Request Form

Cass County Health Department  
1616 Smith St.  
Logansport, IN 46947  
(574) 753-7761

**CERTIFIED COPY** \_\_\_\_\_ **NON-CERTIFIED COPY** \_\_\_\_\_

Please check one. Only eligible people may receive certified copies. Please refer to list on back.

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County of Death (Where this person passed away) \_\_\_\_\_

Requestor's Relationship to Decedent: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Total Fee (\$15 per certified copy & \$5 per non-certified) **Cash, credit/debit cards**

**(no personal checks accepted) and a valid photo ID**

**\*Mailed requests need to include a self addressed, stamped envelope.**

## Office Use

# Requested \_\_\_\_\_

Total Fee \_\_\_\_\_

Receipt # \_\_\_\_\_

Request Date \_\_\_\_\_

Verified by: Driver's License    Passport    Other \_\_\_\_\_

Identification # \_\_\_\_\_ Exp. \_\_\_\_\_ Initials \_\_\_\_\_

## **Eligible List for Certified Copies:**

- **Legal Spouse (must be listed as current spouse on record)**
- **Mother (name must appear on record)**
- **Father (name must appear on record)**
- **Sibling over the age of 21**
- **Grandmother**
- **Grandfather**
- **POA**
- **Informant listed on Death Certificate**
- **Estate Handler**

**All must show proof of relationship or legal documentation showing direct interest in obtaining a certified copy. Non-certified copies will have social security number and communicable causes of death redacted for privacy.**