

Floyd County Health Department

1917 Bono Road  
New Albany, IN 47150

Phone: (812) 948-4726  
Fax: (812) 948-2208

**INSTRUCTIONS:**

- \*\*Please complete all items below by printing clearly.
- \*\*To obtain a certified copy of a death record, you must show you have a direct interest in the record and need the record to determine personal or property rights. IC16-37-1-8.

**Application for Certified Death Certificate**

\$15.00 per copy

THIS OFFICE ONLY HAS DEATH RECORDS FOR FLOYD COUNTY, INDIANA.

<b>1. Full Name of Deceased:</b>  	
<b>2. Date of Death:</b> Month _____ Day _____ Year _____	
<b>3. Place of Death:</b> City: _____ State: _____	<b>4. Purpose for which record is to be used:</b>  
<b>5. How are you related to the deceased?</b>  	<b>6. Telephone Number:</b>  

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Applicant)

.....  
**TO BE COMPLETED BY A NOTARY PUBLIC**

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within this instrument and has acknowledged to me that he/she executed the same in his/her authorized capacity as listed in item 11 and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

My commission expires \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public