

WAYNE COUNTY HEALTH DEPARTMENT  
100 S. 5<sup>TH</sup> STREET  
RICHMOND, IN 47374  
765-973-9245

## DEATH CERTIFICATE APPLICATION

RECORDS ARE AVAILABLE FOR DEATHS THAT OCCURRED IN WAYNE COUNTY ONLY  
IF REQUESTED RECORD DID NOT OCCUR IN WAYNE COUNTY, NO REFUND WILL BE GIVEN

- INSTRUCTIONS:
- 1) FEE- \$15.00 PER COPY
  - 2) SEND CHECK, MONEY ORDER OR PAY ONLINE. DO NOT SEND CASH
  - 3) INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE
  - 4) MUST INCLUDE A COPY OF ACCEPTABLE ID (VALID DRIVER'S LICENSE IS PREFERRED)
  - 5) PROOF OF RELATIONSHIP REQUIRED (DOCUMENT LISTS FOR BOTH ARE AVAILABLE ON THE WEB SITE)
  - 6) **PLEASE ALLOW 4-6 WEEKS FOR GENEALOGY, ALL OTHERS ARE PROCESSED WITHIN 48 HRS**
  - 7) IDENTIFICATION ADDRESS MUST MATCH THE ADDRESS PROVIDED ON APPLICATION

TODAY'S DATE \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_ RELATIONSHIP TO THIS PERSON \_\_\_\_\_

FULL NAME AT TIME OF DEATH \_\_\_\_\_

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

REASON FOR THIS CERTIFICATE \_\_\_\_\_

NUMBER OF COPIES NEEDED \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**REQUIRED: A PHOTOCOPY OF VALID PHOTO IDENTIFICATION**

**MAIL AND EMAILED REQUESTS MUST BE NOTARIZED (SIGNATURE REQUIRED)**

You may pay online for a small fee at [www.waynecountyhealth.in.gov](http://www.waynecountyhealth.in.gov) Email completed, notarized application along with a copy of your receipt and valid identification to [Janices@waynecounty.in.gov](mailto:Janices@waynecounty.in.gov)

Subscribed and sworn to before me, the undersigned, a Notary Public, in and for said county this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_ who has produced \_\_\_\_\_  
(Print name of person signed above) (type of ID)

Signature of Notary \_\_\_\_\_ My commission Expires \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_ County of Residence \_\_\_\_\_

notary stamp

