

SWITZERLAND COUNTY HEALTH DEPARTMENT

1190 W Main St, Suite 300 – P.O. Box 14, Vevay, Indiana 47043

Phone (812) 427-3220 Fax (812) 427-0235

APPLICATION FOR DEATH CERTIFICATE

WARNING: To obtain a death certificate, you must be able to show a direct interest in the record and need the record to determine personal or property rights (IC 16-37-1-8)

PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ARE COMPLETED.

Name of Deceased _____

Date of Death _____

Place of death _City/Town_____Switzerland Co. IN

Mother’s Name (maiden name included) _____

Father’s name _____

Your Relationship to Deceased _____

Purpose for Which Record is Requested _____

Your Name (please print) _____

Your Address _____

Your Signature _____

Telephone Number _____

Number Requested _____ @ \$12.00 each – Total _____

We reserve the right to notify the family of the deceased of your request for this information.

****If you are mailing your request – Please enclose a self-addressed stamped return envelope.** Personal checks or Money Orders are accepted. You **MUST** enclose a copy of your photo ID that also shows your signature such as a state issued ID, driver’s license, passport, US passport Card, Military or school ID with current dates.

