

SWITZERLAND COUNTY HEALTH DEPARTMENT

1190 WEST MAIN STREET

VEVAY, IN 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 or need the record to determine personal or property rights.

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 = _____

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. For further requirements please see the following pages.

FOR OFFICE USE ONLY

Date received _____

Initials _____