

WAYNE COUNTY HEALTH DEPARTMENT
100 S. 5TH 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 OR MONEY ORDER - DO NOT SEND CASH
 - 3) INCLUDE A STAMPED, SELF ADDRESSED ENVELOPE
 - 4) MUST INLUDE A COPY OF ACCEPTABLE ID (VALID DRIVER'S LICENSE IS PREFERRED)
 - 5) PROOF OF RELATIONSHIP REQUIRED (DOCUMENT LISTS FOR BOTH ARE ON OUR 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 APPLICATON

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 NOTIARIZED. SIGNATURE REQUIRED

You may also email this form along with a scanned copy of your valid ID to: janices@co.wayne.in.us
and pay with a credit card which will include a small fee.

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

