



**GREENE COUNTY HEALTH DEPARTMENT**  
 217 East Spring Street, Suite #1  
 Bloomfield, Indiana 47424-1417  
 Phone: (812) 384-4496 Fax: (812) 384-2037

**APPLICATION FOR CERTIFIED COPY OF DEATH**

DEATH RECORDS FOR GREENE COUNTY, INDIANA BEGIN IN 1893.

**APPLICANT MUST SHOW PROOF OF IDENTIFICATION. MAIL ORDERS MUST BE ACCOMPANIED BY A PHOTOSTAT COPY OF DRIVERS LICENSE OR OTHER VALID IDENTIFICATION. NO DEATH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION.**

PLEASE COMPLETE ALL ITEMS BELOW.

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ COUNTY DEATH: \_\_\_\_\_

PURPOSE FOR WHICH THIS RECORD IS TO BE USED: \_\_\_\_\_

YOUR RELATIONSHIP TO DECEASED: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE INDICATE NUMBER OF COPIES REQUESTED.

\_\_\_\_\_ CERTIFIED COPY \$10.00 EACH

Please check box if you would like us to call you to pay by debit/credit over the phone (Mail orders only)

**NO PERSONAL CHECKS ACCEPTED. CASH, MONEY ORDER, AND DEBIT/CREDIT CARDS ACCEPTED.**

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**FOR OFFICE USE ONLY**

LOCAL # \_\_\_\_\_

SFN # \_\_\_\_\_

FILED \_\_\_\_\_

CERT. # \_\_\_\_\_

CLERK \_\_\_\_\_