Rush County Health Department
101 E. 2nd Street, Room #105
Rushville, IN 46173
Phone : (765) 932-3103
Fax : (765) 938-2604
Email : rcdh2@rushcounty.in.gov

RUSH COUNTY
HEALTH DEPARTMENT
"Committed to Public Health"

APPLICATION FOR A DEATH CERTIFICATE

In accordance with Indiana Code IC 16-37-1-8, the following information is required to obtain a certified copy of any vital record. Please thoroughly read the application and completely fill in each line. NOTE: False application, altering, mutilating, or counterfeiting an Indiana Death Certificate is a criminal offense under Indiana Code IC 16-1-19-6.

If requesting by mail, please include a self-addressed, stamped envelope for return and a copy of your driver's license. If requesting in person, please provide your driver's license to be copied in office.

Full Name of Deceased: _____

Date of Death: _____

Place of Death: _____

Purpose for Which Record Is to Be Used: _____

Name of Person Requesting: _____

Relationship to the Deceased: _____

Phone Number: _____

Address of Person Requesting: _____

_____

Signature: _____ Date: _____

Please Indicate Number and Type of Certificate(s) Requested:

_____ Certified Death Certificate - $20.00 each

_____Genealogy Copy - $10.00 each

MAKE CHECKS/MONEY ORDER PAYABLE TO RUSH COUNTY HEALTH DEPARTMENT (RCHD)

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DEATH CERTIFICATE #_____