



**101 E 2nd Street, Room #105
Rushville, IN 46173**

Phone # (765) 932-3103

Fax # (765) 938-2604

Email : rcdh2@rushcounty.in.gov

APPLICATION FOR A DEATH CERTIFICATE

To request by mail or walk-in, please furnish the following:

1. Full Name at Death: _____
2. Date of Death: _____
3. Place of Death: _____
4. Full Name of Father (if known): _____
5. Full Maiden Name of Mother (if known): _____
6. Reason for Request: _____
7. Name of Person Requesting: _____
8. Phone Number: _____
9. Address of Person Requesting: _____

Signature: _____ Date: _____

Please Indicate Certificate Requested:

- | | |
|--|--------------|
| <input type="checkbox"/> Certified Death Certificate | Fee: \$20.00 |
| <input type="checkbox"/> Genealogy Copy | Fee: \$10.00 |

Make Checks or Money Order payable to: **Rush County Health Department or RCDH.**

Please include: a self-addressed, stamped envelope for return and a copy of photo ID
(if mailing in) updated 7/08/2024

****FOR OFFICE USE ONLY****

Book # _____ Page# _____ Filed _____

Certificate# _____ Receipt# _____