



Parke County Health Department

116 High Street Room 12
Rockville, Indiana 47872
parkehealth@parkecounty-in.gov

Phone: 765-569-6665
FAX: 765-569-4061
parkecounty-in.gov

Death Certificate Application

(Revised 12-20-2021)

(Please Print Clearly)

YOU MUST FILL OUT ALL INFORMATION OR THIS APPLICATION WILL NOT BE PROCESSED. CERTIFICATES WILL NOT BE ISSUED IF FULL PAYMENT HAS NOT BEEN RECEIVED. Certificates are \$10.00 each. Acceptable payments are Cash, Checks, Money Orders, Discover, Visa, or MasterCard (credit/debit card processing fees apply). If paying via card, please complete page 3 of this application; turn in with the completed application. IF SENT VIA MAIL, A PRE-STAMPED AND ADDRESSED ENVELOPE MUST BE SENT WITH THE APPLICATION. If an envelope is not included with application, the certificate will available at the Health Department during regular business hours.

Indiana Code 410 IAC 18-4-2

All Requests REQUIRE proper identification and proof of relationship to the person whose record is requested.

If you have any questions, call the Parke County Registrar at 765/569-6665.

Received by: _____

Date of Application: _____ Amount Paid: _____ Receipt#: _____ Cert#: _____

Application for Certified Death Certificate

Full Name of Deceased: _____ Today's Date: _____

Date of Death: _____

Place of Death: _____

Purpose for which record is to be used: _____

Relationship (i.e. Spouse, Mother, Father...): _____

Name of Applicant (Printed): _____

Signature of Applicant: _____

Mailing Address

Street: _____

City/State/Zip: _____

Home/Cell Phone Number: _____ Work/Daytime Phone Number: _____

Certified Death Certificates are \$10.00 each.

Number of Certified Copies: _____ Amount Due: _____

OFFICE USE ONLY

Driver's License/State ID # _____ Passport# _____ Military ID _____

Veterans ID# _____ Other _____ Other _____

Parke County Health Department

Credit/Debit Card Payment Authorization Form

The completion and signing of this form authorizes the Parke County Health Department use of the credit/debit card information listed below. The Parke County Health Department also has permission to debit the account for any fees due to applicant, including a 3% Convenience Fee, minimum \$1.00.
Please complete fully

I, _____ authorize the Parke County Health Department to charge my credit/debit card account in an amount due for licenses, permits, or vital record searches and/or certificates on or after _____

Signature _____

I authorize the above named to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This authorization is limited to one use. I certify that I am an authorized user of the afore mentioned card. I will not dispute the payment with the credit card company; so long as the transaction corresponds to the terms indicated in this form.

Name: _____

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

Office Use Only

Authorization # _____ Initials: _____ Date: _____

Please Fill Out Card Information

Account Type (Circle One): Visa MasterCard Discover

Account Number: _____ Expiration Date: _____

Security Code (3 Digit): _____