



# Parke County Health Department

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Rockville, Indiana 47872  
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Phone: 765-569-6665  
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## *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

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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**

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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: \_\_\_\_\_

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### Please Fill Out Card Information

Account Type (Circle One):      Visa              MasterCard              Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (3 Digit): \_\_\_\_\_