PARKE COUNTY HEALTH DEPARTMENT
VITAL STATISTICS

IDENTIFICATION REQUIRED TO OBTAIN A DEATH CERTIFICATE
Indiana Code 410 IAC 18-4-2

FEE

$10.00 per copy

Cash, cashier's check, personal check, or money order

NO DEBIT OR CREDIT CARDS

Please remit with payment to Parke Co. Health Department when submitting form.

Please mail the completed Application Request Form and a self-addressed stamped envelope to:

Parke County Health Department

116 W. High St. Room 12

Rockville, In 47872

If you have any questions, please call Vital Records at 765-569-6665.

The applicant must have a direct interest and the certificate is necessary for the determination of personal or property rights or for the compliance with state or federal law. Indiana Code 410 IAC 18-4-1.

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE
Records begin with 1882

Fees: $10.00 per copy

To be completed by the individual making a request to obtain a record. You must present a form of I.D. to be able to obtain a record. Please read the application thoroughly and **COMPLETE ALL ITEMS.**

NO DEBIT OR CREDIT CARDS

When mailed, please send stamped, self-addressed envelope in addition to this application to:

Parke County Health Department
116 W. High St. Room 12
Rockville, In 47872

Number of copies requested_____ (Fees: $10.00 per copy)

1. Full name of deceased_____
2. Date of death_____
3. Place of death_____
4. Your relationship to deceased_____
5. Purpose for which record is to be used_____

Requested by: Your name_____
Please print
Date:_____Your Signature_____
Phone:_____Mailing address:_____
City_____State_____Zip_____

Parke County Health Department
116 W. High St. Room 12
Rockville, In 47872

Filed_____ I.D._____
Book #_____Drivers License #_____
Page #_____State Issue ID_____Military ID_____
Date Issued_____Employment ID_____School ID_____
Clerk_____ Passport_____Other_____

Cash Received $_____
Fee Due $_____
Cash Returned $_____