



Vital Records – Mail Service
Marion County Public Health Department
3838 North Rural Street
Indianapolis, Indiana 46205-2930

Telephone: 317-221-2400 Spanish: 221-2393 Fax: 221-2411

APPLICATION FOR A CERTIFIED DEATH CERTIFICATE BY MAIL

This form is not needed for in-person purchase at the walk-in office.

Dear Applicant:

The person you are requesting a Certified Death Certificate for must have died in Marion County, Indiana for our office to provide this mail service for you. If the person died in another county in Indiana, you may contact the local health department where the death occurred or contact the Indiana State Department of Health/Vital Records to receive the Certified Death Certificate. If the person died outside of Indiana, you will need to contact officials in that jurisdiction for assistance.

To obtain a Certified Death Certificate, you must show you have a direct interest in the record and need the record to determine personal or property rights (IC 16-37-1-8). Please answer each question below and attach a *clear* copy of one **current/valid** identification (ID) for yourself. Acceptable ID includes: Driver's License, State ID, Passport, US Passport Card, Military, or school (with current dates on it, or if no date on ID, school ID with current semester schedule/enrollment papers with dates).

1. Full name of deceased: FIRST _____ MIDDLE _____ LAST _____
2. Date-of-Death: MONTH _____ DAY _____ YEAR _____
3. Location of death: CITY/TOWN _____ COUNTY Marion* STATE IN* **Must have been in Marion County, IN*
4. What is your relationship to the person in line # 1? _____
5. For what purpose is this record to be used? _____
6. **Mail to:** PRINT YOUR FULL NAME _____ YOUR SIGNATURE _____
7. **Mail to:** ADDRESS _____ CITY _____ STATE _____ ZIP _____
8. Your telephone numbers: DAY _____ EVENING _____ CELL _____

| Type of Death Certificate | Quantity | Price | Total Amount |
|-----------------------------|----------|--------------|--------------|
| Certified | | \$20.00 each | \$ |
| Certified in Plastic Sleeve | | \$22.00 each | \$ |
| Non-Certified 1952- Present | | \$ 0.25 each | \$ |
| Non-Certified prior to 1952 | | \$10.00 each | \$ |
| Grand Total | | | \$ |

Please send to the address at the top of this page and include the following with your completed application:

- ✓ A *clear* copy of your own ID from the list above
- ✓ A check or money order payable to Marion County Public Health Department (no cash)

Sincerely,
Vital Records Staff