

APPLICATION FOR A CERTIFIED OR GENEALOGICAL  
DEATH CERTIFICATE

Dear Applicant:

The person you are requesting a Death Certificate for must have died in DeKalb County, Indiana. 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). **Photo I.D. is also required.**

**PLEASE PRINT**

Name of deceased: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Date of death: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

How are you related to the deceased: \_\_\_\_\_

For what purpose is this record to be used: \_\_\_\_\_

Your Identification: Drivers License \_\_\_\_\_ OR SS# \_\_\_\_\_

Your Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please indicate : COST: \$10.00 FOR EACH CERTIFICATE REQUESTED

\_\_\_\_ Certified Death Certificate

\_\_\_\_ Genealogy Death Certificate

Total amount enclosed: \$ \_\_\_\_\_

DEKALB COUNTY HEALTH DEPARTMENT

220 EAST 7<sup>TH</sup> STREET; SUITE 110

AUBURN, IN 46706

TELEPHONE 260-925-2220

**PAYABLE: MONEY ORDER OR CASH-NO CHECKS**

**ACCEPTED. ENCLOSE A SELF ADDRESSED**

**STAMPED ENVELOPE FOR REQUESTS THROUGH**

**THE MAIL.**