Application for a Death Certificate

Clay County Health Department
18 N. Walnut Street
Brazil, IN 47834
Phone: 812-448-9021

Public Health

Public Health

Identification Required

(Copy of Valid Driver's License, Valid Military ID, Valid Passport)

To obtain a certified copy of a death record, you must show you have a direct interest in the record and need the record to determine personal or property rights. I.C. 16-37-1-8
WARNING: False application, altering, mutilating, or counterfeiting Indiana Death Certificates is a criminal offense under Indiana Code 16-1-19-6.

Death records filed with this office begin 1882.

PLEASE COMPLETE ALL ITEMS BELOW PRINT CLEARLY

Full name of Deceased: **First** **Middle** **Last**

Date of death: **Month** **Day** **Year**

Place of death: **City** **County**

How are you related to the deceased? (provide proof of relationship)	Spouse	Child	Parent	Brother/Sister	Other

Purpose for record to be used?

Your address:

City **State** **ZIP**

Phone #:

Signature of Applicant_____

Number of certificates_____ **@ $10 each**

Payment: cash or money order. NO PERSONAL CHECKS ARE ACCCEPTED.