

# Tipton County Death Certificate Application

If applying via mail, please send a notarized, completed application with payment (\$10 ea.) and copy of ID to:  
 Tipton County Health Department  
 101 East Jefferson Street  
 Tipton, IN 46072

For more information, contact the Vital Records Registrar at (765) 675-8741.

IDENTIFICATION IS REQUIRED per IC 16-37-1-7. Please present your driver's license or state ID and the driver's license or state ID for signatory to any checks submitted for payment. Mailed applications must be sent with a photocopy of all identification for the applicant and the check signatory.

## RECORD OF DEATH

<b>PART I</b>	Full name at death:	Date of Death:
	Place of death (if residence, give address):	
	Mother's full maiden name:	
	Father's full name:	
	Stillbirth or fetal death? (Y/N)	

## APPLICANT'S PERSONAL INFORMATION

<b>PART II</b>	Your printed name:	Date:
	Signature:	
	Relationship to the deceased (ex: Spouse, Parent, Child, Sibling, Grandchild, Aunt/Uncle, Attorney, Other):	
	Purpose for which the record will be used (ex: Insurance, Estate Settlement, Personal Record, Other):	
	Address ( <i>number and street, city, state, and ZIP code</i> ):	
	Driver's license or ID number and expiration date:	Daytime phone number:
	Alternate ID #1 (if above ID in unavailable):	
	Alternate ID #2 (if above ID in unavailable):	

## AFFIDAVIT OF PERSON REQUESTING RECORD OF DEATH (only necessary if filing by mail)

<b>PART III</b>	After having been duly sworn, I declare that I have requested the above record or death and have submitted the evidence listed and further, that I have reviewed the above information and find the same in all respects true and correct.	
	Signature:	Relationship ( <i>Self; Parent if under 18</i> )
	Address ( <i>number and street, city, state, and ZIP code</i> )	
	State of: _____	Subscribed and sworn to before me on ( <i>month, day, year</i> ):
	County of: _____	_____
	My commission expires ( <i>month, day, year</i> ):	Signature of notary public

## THE SPACE BELOW WILL BE COMPLETED BY THE TIPTON COUNTY HEALTH DEPARTMENT

<b>PART IV</b>	Number of certified death certificates requested:	Date received:	Date mailed:
	Form of payment: CASH   CHECK   MONEY ORDER   DEBIT/CREDIT CARD		Issued by: