Application for Certified Death Certificate
*Montgomery County Records **AFTER** 1882 Only*
Montgomery County Health Department

Public Health
Prevent. Promote. Protect.

www.montgomerycounty.in.gov
110 West South Blvd
Crawfordsville, IN 47933
Phone: 765-364-6440
Fax: 765-361-3239

Fee: $10.00 per copy
*Only local checks accepted – mail in requests with money order only.

* We accept Visa and Mastercard both at the window and online. Please note that the company that process the debit/credit cards charges an additional $1.50 on top of fees for certificates.

Instructions:

1. Please compete all items below by printing clearly
2. Proof of ID required (1 photo ID or 2 non photo ID items with current address)
3. Mail-in requests will require a Notary Public signature

Death Records will be issued without Social Security Number and cause of death to non immediate family.

IC 16-37-3-9

Date _____

TO BE COMPLETED BY ALL APPLICANTS				
Your Name			**Your Address**	
Your City	**State**	**Zip**	**Phone Number**	**Driver's License State and Number**
Purpose for record request:		**Quantity:**	**Relationship to person on certificate:**	

Relationship to person on certificate:
Adult Child ☐   Parent ☐   Sibling ☐
Guardian ☐   Grandparent ☐   Spouse ☐   Other ☐

USE THIS SECTION FOR DEATH RECORDS AFTER 1882							
FULL NAME OF DECEASED AT TIME OF DEATH			Place of Death COUNTY/STATE		Date Of Death		
First	Middle	Last	COUNTY/STATE	M M	D D	Y Y Y Y	

TO BE COMPLETED BY ALL APPLICANTS

I swear and affirm that the information provided above is true and correct   _____
                                                                              Signature of applicant

NOTARY SECTION (ALL **MAIL** REQUESTS MUST BE NOTARIZED.)

State of _____ County of_____
**Subscribed and sworn before me by _____ on this _____ day of _____, 20___. I reside in
_____(city), _____(state), and my commission expires _____. I have identified this person by their identification presented to me.**

Notary Public Signature _____ Printed Name _____   **(STAMP)**

FOR ONLINE PAYMENTS ONLY: PLEASE ENTER YOUR PAYMENT CONFIRMATION NUMBER _____

FOR OFFICE USE ONLY BELOW THIS LINE					
Date Received	Date Processed	Payment	Certificate Number	Initials	ID Checked

Revised 3.2018