

**DEATH APPLICATION BY MAIL**

**STARKE COUNTY HEALTH DEPARTMENT  
VITAL RECORDS DIVISION  
53 EAST WASHINGTON STREET  
KNOX, INDIANA 46534  
TELEPHONE: (574) 772-9137**

**APPLICATION FOR SEARCH AND CERTIFIED COPY OF DEATH RECORD  
WE HAVE STARKE COUNTY DEATHS ONLY!!!  
PLEASE COMPLETE ALL ITEMS BELOW**

In accordance with **Indiana Code 16-37-1-7**, requests for death certificate must include the information below. A permanent record of this request must be kept.

FULL NAME AT DEATH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

HOW ARE YOU RELATED TO THE ABOVE PERSON? \_\_\_\_\_

PLACE OF DEATH (City) \_\_\_\_\_ (County) \_\_\_\_\_

FULL NAME OF FATHER \_\_\_\_\_

FULL **MAIDEN** NAME OF MOTHER \_\_\_\_\_

WHY DO YOU NEED THIS RECORD? \_\_\_\_\_

HOW MANY COPIES DO YOU WANT? \_\_\_\_\_

**YOUR SIGNATURE** \_\_\_\_\_

YOUR NAME (Please Print) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

FORM OF IDENTIFICATION USED: \_\_\_\_\_

**REQUIREMENTS:**

- \***NO PERSONAL CHECKS** Money orders only
- \*Must have 1 copy of an acceptable I.D-Photo I.D. or Drivers License
- \*I.D. must be of the person making the request
- \*If ordering by mail, please enclose a self addressed & stamped envelope

**FEES: 10.00 For first copy  
and each additional copy**

**COUNTY USE ONLY**

Bk. \_\_\_\_\_ Pg. \_\_\_\_\_ Cert.# \_\_\_\_\_

Date Issued \_\_\_\_\_

Issued by: \_\_\_\_\_ File Date \_\_\_\_\_

Receipt# \_\_\_\_\_