

**Vital Records- Mail Service**  
**Tippecanoe County Health Department**  
 629 N 6th Street Ste A  
 Lafayette, IN 47901  
 Phone: (765) 423-9221  
 FAX: (765) 423-9797



**APPLICATION FOR A CERTIFIED DEATH CERTIFICATE BY MAIL**

Dear Applicant:

The person you are requesting a Certified Death Certificate for must have died in Tippecanoe County, Indiana for our office to provide this mail service to you. If the person died in another county in Indiana, you may contact the local health department where the death occurred or contact the Indiana State Department of Health/Vital Records to receive the Certified Death Certificate. If the person died outside of Indiana, you will need to contact officials in that jurisdiction for assistance.

To obtain a Certified Death Certificate, you must show you have direct interest in the record and need the record to determine personal or property rights (IC 16-37-1-8). Please answer each question below and attach a *clear* copy of one **current/valid identification (ID)** for yourself. **Acceptable ID includes: Driver's License, State ID, Passport, US Passport, and Military ID.**

Full name of deceased: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Date of **DEATH**: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Location of Death CITY/TOWN \_\_\_\_\_ COUNTY: **TIPPECANOE\*** STATE **IN**

**Who are you?**

<u>Please Check One</u>	<u>Relationship</u>	<u>Documentation</u>
<input type="checkbox"/>	Attorney	Please Provide Your ID / Proof of Position
<input type="checkbox"/>	I am the Mother	Please Provide Your ID
<input type="checkbox"/>	I am the Father	Please Provide Your ID
<input type="checkbox"/>	I am the Grandmother or Grandfather	Please Provide Your ID & Birth Certificate of Parent
<input type="checkbox"/>	I am the Executor	Please Provide Your ID & Guardianship Papers
<input type="checkbox"/>	I am the Brother or Sister	Please Provide Your ID & Your Birth Certificate
<input type="checkbox"/>	I am the Spouse	Please Provide Your ID
<input type="checkbox"/>	I am the Son/ Daughter	Please Provide Your ID & Your Birth Certificate
<input type="checkbox"/>	Other: _____	Please Provide Your ID and Proof

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

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

DATE: \_\_\_\_\_

Your Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Telephone number: \_\_\_\_\_

Please Mark the Number of Copies you would like: Each certificate is \$12.00 (Cash, Money Order or Cashier's Check)

Number of Certified Death Certificates: \_\_\_\_\_

Please send to the address at the top of this page and include the following with your completed application:

- ✓ A *clear* copy of your own ID from the list above
- ✓ A cashier's check, money order or cash payable to the Tippecanoe County Health Department (no personal checks)

**You can also apply online at:**  
<http://www.tippecanoe.in.gov>