Tippecanoe County Health Department
629 North Sixth Street Lafayette, IN 47901
(765) 423-9221 ext. 1

Application for Record of Death

You **MUST INCLUDE** or present the following with the completed application:

- Copy of your ID such as drivers license or State ID
- Money order, cash, Visa or Mastercard. **No personal checks.**
- **Self Addressed, stamped envelope (MAIL REQUESTS ONLY)**

Full Name at Death_____

Date of Death_____

Place of Death_____
(residence ,hospital, or nursing home)

Your Signature_____Date_____

Your relationship to the person of the requested death record?_____

Address_____

City_____State_____Zip_____Phone_____

NO PERSONAL CHECKS
***FEE $7.00 per certificate**

$7.00 non-refundable fee for genealogical search; if information found this price includes the death certificate

 _____# Regular Size

Office use only

Cert.#_____ Filed_____ Book_____ Page_____