

Newton County Health Department

4117 S. 240 W. Suite 500

Morocco, IN 47963

219-285-2052

Fax: 219-285-0646

APPLICATION FOR CERTIFIED CERTIFICATE OF DEATH

***Please provide readable copy of photo ID (driver's license, ID card, etc.) with returned application.**

Name of Deceased: _____

Date of Death: _____

Place of Death (City/Town): _____ County: NEWTON

Deceased Date of Birth (if known/available): _____

Father's Name: _____

Mother's Name (Maiden): _____

Applicant's Relationship to Deceased Person: _____

Reason for Record Request: _____

Signature of Applicant: _____

Address: _____

OFFICE USE ONLY

Number of copies requested: _____

Amount enclosed: _____

\$15.00 charge for each certified copy \$10.00 search fee if above information cannot be given

Certificate #: _____

Receipt #: _____

Date: _____