



APPLICATION FOR CERTIFIED DEATH CERTIFICATE

ST. JOSEPH COUNTY HEALTH DEPARTMENT

8TH FLOOR COUNTY-CITY BUILDING 227 WEST JEFFERSON BOULEVARD

SOUTH BEND, INDIANA 46601-1870

PHONE: 574-235-9638 FAX: 574-235-9960

1. Full name of deceased: _____
2. Date of death (approx. if unknown): _____
3. Place of death (City or Hospital): _____
4. **Signature of applicant:** _____
5. Address of applicant: _____
6. City, State, Zip: _____
7. Phone number: _____ Alternative number: _____
8. Number of copies requested: _____ \$11 for one certified copy (additional copies are \$8 on the same record)

**If the record is prior to 1955, there is a Genealogy search fee of \$7. This search fee covers 1-6 names/records. **

Cash, Money Order, Visa or MasterCard **NO PERSONAL CHECKS ACCEPTED**

◆ Credit Card Information ◆ Card Holder MUST BE Applicant◆

9. Name on credit card: _____
10. **Billing** address: _____
11. Phone number(s) of card holder: _____
12. **VISA** or **MASTERCARD** Credit Card Number:

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13. Expiration: _____ 14. Verification Code: _____ (Last three numbers on back of credit card):
15. Amount to charge to credit card (see #8 above for pricing): \$ _____

UPS NEXT DAY DELIVERY OPTION *(Complete this section only if you request UPS Next Day)*
 I would like the death certificate(s) sent next-day via UPS. I understand that this option includes additional charges and will be charged to my credit card (information above) via UPS:
 Initials of cardholder: _____
 Charges vary depending on destination. If you would like an estimate on cost, go to UPS.com
 Please provide your e-mail address if you would like ship confirmation from UPS:
 E-mail address: _____

I authorize the St. Joseph County Health Department to process my request for _____ (# of copies) death certificate(s), totaling \$ _____ and I would like the amount charged to my credit card (information above). Also, if the UPS Next Day delivery option has been chosen, I understand this includes additional charges, which will also be charged to the above credit card via UPS.

Signature of card holder (must be same as applicant, #9 above)

Date