



HARRISON COUNTY HEALTH DEPARTMENT

241 ATWOOD STREET, SUITE 200; CORYDON, INDIANA 47112

PHONE (812) 738-3237 – FAX (812) 738-4292

WWW.HARRISONCOUNTYHEALTH.COM

*Birth and death records in Indiana are available from **February 1, 1882** to present. No records prior to this date are available from this Health Department.*

To be completed by the individual making a request to obtain a certified vital record. In accordance with IC 16-37-1-8, the following information is required to obtain any certified vital record.

1. Full name of deceased:		2. Date of death:	
_____	_____	_____	_____
First	Middle	Last	
3. Place of death:			
4. Your relationship to the deceased:			
5. Purpose for which record is to be used:			
		6. Your phone number	
7. Print your name		8. Your signature	
9. Your street address		10. Your city, state, zip	
Fee is \$5.00 per certified certificate.		e-mail address** :	
Number of copies needed: _____			

If ordering by mail, please include:

- a stamped, self-addressed envelope
- picture ID of person requesting this record (photocopy of driver's license)
- \$5.00 for each certified death record
- ** if ordering older records by mail (in case we need to contact you – sometimes older records are hard to locate)

For office use only			
No.	Book:	Page:	Date:
Clerk:	ID #		Expires: